**Trustee Application Form**

Please email the completed form to **trustees@schoolofsexed.org**

**Applicant details**

| **Full name & pronouns:** |  |
| --- | --- |
| **Address:** |  |
| **Telephone numbers:** |  |
| **Email:** |  |

**Application questions**

Please complete the application questions below. **Word limit for each response is 100 words.** Any responses exceeding the 100 words will not be reviewed as part of the application.

| **Why would you like to be a trustee for the School of Sexuality Education, and what can you bring to the role?***100 words limit* |  |
| --- | --- |
| **Why is inclusive and comprehensive Sex & Relationships Education important?***100 words limit* |  |
| **Can you give an example of a time when you led a team through a challenging period of work?***100 words limit* |  |

**Employment (most recent first)**

| **Employer name/establishment** | **Dates from/to** | **Position held and brief description of responsibilities** | **Reason for leaving** |
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**Qualifications**

| **Qualification title** | **Institution/training provider** | **Year completed** |
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**Additional Information**

| **Do you have any connection with a current or former employee of School of Sexuality Education?** (tick one) | ☐ Yes ☐ No |
| --- | --- |
| **As a member of the Trustee Board, you may be required to consent to credit vetting and money laundering checks to satisfy banks or funders.** (tick one) | ☐ Yes ☐ No |
| **Do you have a current DBS Certificate?** (tick one) | ☐ Yes ☐ No |
| **Do you have any training in Safeguarding?** (tick one)If so, please provide details of the training you have undertaken: | ☐ Yes ☐ No |

**References**

| **Do you agree to have referees contacted in relation to** **this application?** (tick one) | ☐ Yes ☐ No |
| --- | --- |
| *(Reference checks will be conducted legally, in an ethical manner and all information derived will remain confidential. Referees will only be contacted if successful at interview.)* |
| **Please provide details of two people who can provide a reference for your work history.** |
| **Name** | **Contact details** | **Position held/working relationship** |
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| **Please provide any other information that you identify as being pertinent to this application**. (e.g. medical conditions, accessibility) |
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**Declaration**

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading, or untrue statements or knowingly withheld information may result in termination of employment with the School of Sexuality Education. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

| Signed: | Date: |
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