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| APPLICATION FORM: BOARD MEMBER  November 2019 |  |

Please complete all sections with the information required. **Boxes will expand as you type.**

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| **How did you find out about this opportunity?** | **Candidate ID No:**  *(Office use only*  *– leave blank)* |

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| **Personal details** | |
| Name: | |
| Address: | |
| Postcode: | |
| Tel No.: | E-mail: |

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| **Reason for Applying** |
| **Please tell us why you are interesting in joining the Board of Scottish Families:** (*This box will expand as you type)* |

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| **Relevant Skills, Expertise and Experience** |
| **Please use this space to evidence the skills, expertise and experience you would bring to the Scottish Families Board.**  *(NB: On this occasion we are specifically seeking a new Board member with expertise in* ***finance/ accounting****).* (*This box will expand as you type)* |

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| **Declaration of Interests** |
| Are you related to any current Scottish Families Board member?  *(Please answer Yes/ No)* |
| If Yes, please state their name here: |
| Are you related to any current Scottish Families employee?  *(Please answer Yes/ No)* |
| If Yes, please state their name here: |
| Are you involved with any business that provides services or is contracted to Scottish Families?  *(Please answer Yes/ No)* |
| If Yes, please give details here: |

**Data protection Act 1988**

Scottish Families Affected by Alcohol and Drugs will use the information provided in this application for the purpose of processing your application and monitoring our Board recruitment process. The information you provide will be stored securely and will not be retained longer than necessary.

If your application is successful Scottish Families Affected by Alcohol and Drugs may be required to share some of the information you provide with statutory bodies, for example Companies House. Under the Act you have a right to access the information Scottish Families Affected by Alcohol and Drugs holds on you. If you would like to do this, please apply in writing.

**Declaration**

I declare that to the best of my knowledge, the information contained on this application is both accurate and truthful and I consent to details being retained confidentially and used for specific and lawful purposes.

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| Signature:  *(Type name or insert electronic signature)* | Date: |

Please submit this form electronically to Justina Murray, CEO at: [ceo@sfad.org.uk](mailto:ceo@sfad.org.uk)

**Closing date: 5pm on Friday 13 December 2019**