### Application Form

(Please type or complete in black ink)

**Post Applied for: Board Director /Treasurer**

Closing Date: N/A

1. **Personal Details**

Surname:

First name:

Address:

Postcode:

Home Telephone Number:

Mobile Number:

Email:

1. **Employment / Volunteering**

Current Position:

Current Employer / Organisation:

Work Phone Number:

What other volunteering commitments do you currently have?

1. **Experience and Skills**

Please tick the areas of expertise/contribution you feel you can make to further the mission of Disability Information Scotland:
**(Please attached your CV detailing your relevant experience to this position.)**

[ ]  Credible spokesperson

[ ]  Governance

[ ]  The Equality Act 2010

[ ]  Access Audits

[ ]  Financial, especially charity accounting

[ ]  Equal Opportunities

[ ]  Fundraising

[ ]  Marketing

[ ]  Media / PR

[ ]  Policy Implementation

[ ]  Political and parliamentary

[ ]  Housing / Property

Please list here any other additional skills / expertise you can contribute:

1. **Boards and Committees**

Please list below any boards or committees you serve on or have served on:

Organisation:

Role/Title:

Date of Service:

Organisation:

Role/Title:

Date of Service:

Organisation:

Role/Title:

Date of Service:

1. **About You**

Do you have a disability or long-term health condition?

[ ]  Yes [ ]  No

What experience do you have working with disabled people?

Why are you interested in serving as a Board member for Disability Information Scotland?

How do you feel Disability Information Scotland would benefit from your involvement on the Board?

Please share any other information you feel important for consideration of your application to serve as a Disability Information Scotland Board member:

1. **Guaranteed Interview Scheme**

Disability Information Scotland will offer a guaranteed interview to candidates with a disability who meet the criteria for this post.

Do you wish to be considered for a guaranteed interview?

Yes [ ]  No [ ]

Do you have any support needs which we should be aware of?

Yes [ ]  No [ ]

If yes, please provide details of any assistance you require.

1. **Agreement**

By signing below, I agree that the information I have provided is true and correct. Additionally, my signature represents my agreement to the following statements:

* I understand and agree to Disability Information Scotland’s Board of Directors Expectations;
* I agree to abide to the Policies, Procedures and Articles of Disability Information Scotland’s Board;
* I understand that if conflicts prevent me from performing the rules and expectations as a Board Member, I must declare such conflicts which could result in my being removed from the Board in accordance with the Articles of Association of Disability Information Scotland
* I understand and agree that the personal information I have provided in this form may be used for the purposes listed above in line with Disability Information Scotland’s Data Protection and Privacy Policy.

Full Name:

Signed:

Date:

**Thank you very much for applying**.

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**For Board Use only:**

**[ ]** Nominee interviewed by Board of Directors Date:

[ ]  Nominee proposed to the Board Date:

[ ]  Elected [ ]  Rejected Date: