

IBS NETWORK

Application to serve on the Executive board.

| APPLICANT INFORMATION | | | | | | | | |
|--|----|----------------|----------------------------|------------------------------------|----------------|----------------------------------|--|--|
| Surname | | | First Name | | Initial | Date | | |
| Street Address | | | | | | | | |
| Town/City | | | County | | Postcode | | | |
| Phone No | | | E-mail Address | | | | | |
| Are you a UK citizen? | | YES 🗆 | NO 🗆 | If not, do you have a permit to wo | ork in the UK? | YES \(\square\) NO \(\square\) | | |
| Have you ever worked for a charity before? | | NO 🗆 | If so, which one and when? | | | | | |
| Do you have a criminal record? | | | NO 🗆 | If yes, explain | | | | |
| | | | | | | | | |
| EDUCATION/QUALIFICATIONS | | | | | | | | |
| Secondary Education | | | Address | | | | | |
| From | То | GCSEs/A-Levels | | | | | | |
| College/Universi ty | | | Address | | | | | |
| From | То | Qualifications | | | | | | |
| College University | | | Address | | | | | |
| From | То | Qualifications | | | | | | |

Please outline the skills and experience you could offer the IBS Network if you were appointed to serve on the executive board (e.g. Financial/accounting, administration, IT, fundraising, health professional, legal)

| How much time could you devote to the charity? | | | | | | | | |
|--|-------------------------------------|--------------------|--------------------------------|--|--|--|--|--|
| Please indicate why you wish to serve on the executive board. | | | | | | | | |
| Previous charity experience | | | | | | | | |
| CURRENT OR PREVIOUS EMPLOYMENT | | | | | | | | |
| Company | | | Phone No () E-mail | | | | | |
| Address | | | Supervisor/ Line Manager | | | | | |
| Job Title | | | | | | | | |
| Responsibility | | | | | | | | |
| From | To Reason for Leaving (if relevant) | | | | | | | |
| May we contact your previous employer for a reference? Yes No | | | | | | | | |
| Company | | | Phone No () E-mail | | | | | |
| Address | | | Supervisor/ Line Manager | | | | | |
| Job Title | | | | | | | | |
| Responsibility | | | | | | | | |
| From | То | Reason for Leaving | | | | | | |
| May we contact your previous employer for a reference? Yes No | | | | | | | | |
| DISCLAIMER AND SIGNATURE | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to appointment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | |
| Signature | | | Date | | | | | |
| Please return this form by E-mail to Dr Nick Read at <u>nickwread@btinternet.com</u> or by fax on 0114 272 3253 or email to The IBS Network, Unit 1-12 SOAR works, 14 Knutton Road, Sheffield S5 9NU. | | | | | | | | |