



Spoons Volunteer Trustee Application

Confidential

We are really pleased that you are interested in joining our amazing board of trustees. Please fill in this form and email it to care@spoons.org.uk

Please only complete this form if:

- You are happy for us to contact you
- The family member has agreed for us to contact them directly
- The family member consent to Spoons storing their data for the purpose of this referral

General information about Spoons is available at www.spoons.org.uk

To speak a member of our team email care@spoons.org.uk or telephone 0300 365 0300

Your information

Please note we are unable to accept an application if any of the below information is missing

| | |
|--|---|
| First name: | Surname: |
| Your date of birth: | Current place of work or study: |
| Full home address including postcode: | Current role of employment: |
| Your contact telephone number: | Have you experienced neonatal care as a parent of health professional: |
| Your email address: | Emergency contact name, contact number and relationship: |

More about you

Please tell us why you are applying for the role of a trustee:

Please tell us why you are particularly interested in a role with Spoons:

Please can you tell us more about your skills and experience in relation to the criteria set out in the trustee role description:

Please list below details of your employment history including your current position and employer, please attach your CV if necessary:

Please list below details of any relevant memberships, board level positions, qualifications held or other expertise relevant to this application:

Please provide any other relevant information to support your application:

References

Reference checks are a standard part of our selection process. Please provide the name and contact details of two people who are not family members and who are willing to act as referees for you. One reference should come from an employer or former employer, this can also include someone who has managed you in a previous voluntary role.

Referee 1:

| |
|-----------------------------|
| Name: |
| Organisation name: |
| Address: |
| Email address: |
| Telephone number: |
| Relationship to you: |

Referee 2:

| |
|-----------------------------|
| Name: |
| Organisation name: |
| Address: |
| Email address: |
| Telephone number: |
| Relationship to you: |

I have read and understand all of the above, and certify that the information on this form is true and complete.

Signature:

Date:

| | |
|---|--|
| Your communication preference: Text <input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> | Do you consent to us leaving voicemails: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Consent to store your data for this application: Yes <input type="checkbox"/> No <input type="checkbox"/> | Consent to be added to Spoons parent/carer newsletter: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Equal opportunities monitoring

Ethnicity

| | |
|---|---|
| Asian/Asian British: Bangladeshi <input type="checkbox"/> | Mixed: White and Asian <input type="checkbox"/> |
| Asian/Asian British: Pakistani <input type="checkbox"/> | Mixed: White and Black African <input type="checkbox"/> |
| Asian/Asian British: Indian <input type="checkbox"/> | Mixed: White and Black Caribbean <input type="checkbox"/> |
| Asian/Asian British: Chinese <input type="checkbox"/> | Mixed: Other <input type="checkbox"/> |
| Asian/Asian British Other: <input type="checkbox"/> | White: British <input type="checkbox"/> |
| Black/Black British African: <input type="checkbox"/> | White: Irish <input type="checkbox"/> |
| Black/Black British Caribbean: <input type="checkbox"/> | White: Other <input type="checkbox"/> |
| Black/Black British Other: <input type="checkbox"/> | Arab <input type="checkbox"/> |
| Prefer not to say <input type="checkbox"/> | Other Ethnic Group <input type="checkbox"/> |

Sexual Orientation

| | | |
|--|--|-----------------------------------|
| Heterosexual <input type="checkbox"/> | Gay/Lesbian <input type="checkbox"/> | Bisexual <input type="checkbox"/> |
| Not sure/don't know <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> | |
| | | |
| | | |

Gender

| | |
|---|--|
| Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Non-Binary <input type="checkbox"/> | Transgender <input type="checkbox"/> |
| Transgender <input type="checkbox"/> | Genderqueer <input type="checkbox"/> |
| Other/Not listed <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |

Disability

| | |
|--|--|
| Behaviour and emotional <input type="checkbox"/> | Hearing <input type="checkbox"/> |
| Manual Dexterity <input type="checkbox"/> | Learning Disability <input type="checkbox"/> |
| Mobility <input type="checkbox"/> | Personal Care <input type="checkbox"/> |
| Progressive Condition <input type="checkbox"/> | Sight <input type="checkbox"/> |
| Speech <input type="checkbox"/> | Other/Not stated <input type="checkbox"/> |
| Prefer not to say <input type="checkbox"/> | |

Please return all completed application forms to care@spoons.org.uk and we will aim to respond within five working days