

## APPLICATION FORM FOR H.A.C.A. TRUSTEE OR BOARD MEMBER

### TRUSTEE / BOARD POSITION

|   |  |
|---|--|
| Please stipulate the Trustee or Board Position you are interested in: |  |
|---|--|

### PERSONAL DETAILS

|   |  |
|---|--|
| Your HACA Membership ID Number:   |  |
| <b>Are you legally qualified to be a Trustee?</b> <i>(See disqualifications on last page)</i> |  |
| Title:  |  |
| Forename(s):  |  |
| Surname:  |  |
| Date of Birth:  |  |
| Nationality:  |  |
| Mobile:   |  |
| Email Address:  |  |
| Home Address:   |  |
| Postcode:   |  |
| Year You Became a Member:   |  |
| Current Status:<br><i>(Employed / Self Employed / Student / Retired etc.)</i>                 |  |
| Organisation(s) Associated With:  |  |
| Position in the Organisation:   |  |

### KEY SKILLS

| Please indicate which of these key skills you would bring to the<br>as Trustee or Board Member, and your competency and experience. |  |
|---|--|
| <b>Financial Management,<br/>Accountancy &amp; Budget<br/>Setting:</b>  |  |
| <b>Charity Law &amp; General<br/>Law</b>  |  |
| <b>Marketing,<br/>Communications,<br/>and Publicity</b>   |  |
| <b>Fundraising</b>  |  |
| <b>Organisational and<br/>Administration</b>  |  |
| <b>Community<br/>Engagement</b>   |  |
| <b>Project Management</b>   |  |
| <b>Personnel</b>  |  |
| <b>Risk Management and<br/>Health &amp; Safety</b>  |  |
| <b>Other, please specify</b>  |  |

### EMPLOYMENT / OTHER EXPERIENCES

|  |  |
|--|--|
| <p style="text-align: center;"><b>Please tell us about your relevant experience for the role. E.g. it could include being a Trustee of another charity; or being a Board Member on another Board; a Director of an organisation; or serving on the Committee of a community group etc.</b></p> |  |
|  |  |
|  |  |
|  |  |

### YOUR MOTIVATION

|  |
|--|
| <p style="text-align: center;"><b>Please tell us why you want to become a Trustee / Board Member</b></p> |
|  |

### YOUR VISION

|   |
|---|
| <p style="text-align: center;"><b>Please tell us your vision for the Hull Afro Caribbean Association (HACA)</b></p> |
|   |

## REFEREES

| Please give the names & contact details of 2 Referees to support your application |                             |                                    |
|---|-----------------------------|------------------------------------|
|   | Referee 1<br>(Professional) | Referee 2<br>(Other, not relation) |
| <b>Title:</b>   |                             |                                    |
| <b>Forename:</b>  |                             |                                    |
| <b>Surname:</b>   |                             |                                    |
| <b>Organisation:</b>  |                             |                                    |
| <b>Address:</b>   |                             |                                    |
| <b>Post Code:</b>   |                             |                                    |
| <b>Job Title:</b>   |                             |                                    |
| <b>Email Address:</b>   |                             |                                    |
| <b>Work No.:</b>  |                             |                                    |
| <b>Mobile:</b>  |                             |                                    |

## LEGAL DISQUALIFICATIONS FOR BECOMING A TRUSTEE

The law disqualifies some people from acting as trustees, including anyone described in Section 72(1) of the Charities Act 1993. This includes:

- Anyone who has an unspent conviction for an offence involving deception or dishonesty.
- Anyone who is an un-discharged bankrupt.
- Anyone who has been removed from trusteeship of a charity by the Court or the Commissioners for misconduct or mismanagement.
- Anyone under a disqualification order under the Company Directors Disqualification Act 1986.

I confirm that the information within this application is true and accurate. I have read and understood the requirements of becoming a Trustee should my application be successful.

| Name | Signature | Date |
|------|-----------|------|
|      |           |      |

**All applications must be submitted no later than 5pm, on 2<sup>nd</sup> November, 2023.**

**Please return your application to:-**

**The Chairman, Hull Afro Caribbean Association (HACA), 25-26 Park Street, Hull. HU2 8RR**

**Or via email to [Hullafrocaribbeanactivities@outlook.com](mailto:Hullafrocaribbeanactivities@outlook.com)**