



THE APPOINTMENT OF CHAIRS AND NON-EXECUTIVE MEMBERS OF PRIMARY CARE TRUSTS

Application Form



[Date]

NHS Appointments Commission

[Company address]

**Trustee Application Form**

### Please read the Trustee Information Pack and view the Oral Health Foundation’s website which should help you complete this form.

### The Pack can be downloaded from [www.dentalhealth.org/about-us/board-of-trustees](http://www.dentalhealth.org/about-us/board-of-trustees) for electronic completion and returned by email to [kerry@dentalhealth.org](mailto:kerry@dentalhealth.org). Please use black ink on hard copy responses to ensure legibility after photocopying. All parts of the application must be completed in order for the application to progress.

# Part 1: Your personal details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | | | |
| Forenames |  | | | |
| Title |  |  | |  |
|  |  | | | |
| Home address |  | | | |
|  |
| Postcode |  | | | |
| Home contacts | Phone | | Mobile | |
|  | Fax No | | Email | |
|  | | | | |
| Business address (if applicable) |  | | | |
| Postcode |  | | | |
| Work contacts | Phone | | Mobile | |
| (if applicable) | Fax | | Email | |

Which address would you prefer Home Address Business Address

us to use for correspondence?

|  |  |
| --- | --- |
| **Preferred e-mail address** |  |

|  |  |
| --- | --- |
| **Your current Job Title** |  |

**Part 2: Previous or other Board level posts held**

Have you held any other chair or non-executive positions in the past 3 years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No |  |  | Yes |  |

# If yes, please give details

|  |  |  |
| --- | --- | --- |
| Board | Post | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

# Part 3: Past Disqualifications

Please read the following statements and tick each box to confirm. Please note that confirmation is needed for each if the application is to proceed.

|  |
| --- |
| I am not an undischarged bankrupt |
| I have not previously been removed from trusteeship of a charity by a Court or the Charity Commission |
| I am not under a disqualification order under the Company Directors’ Disqualification Act 1986 |
| I have not been convicted of an offence involving deception or dishonesty (unless the conviction is spent) |
| I am not, in the light of the above, disqualified by the Charities Act 1993 (Section 72) from acting as a charity trustee |

# Part 4: Declaration of interests

Do you have any business or personal interests that might be relevant to the work of the Oral Health Foundation and which could lead to a real or perceived conflict of interests were you to be appointed? (Failure to disclose such information could result in an appointment being terminated.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No |  |  | Yes |  |

If yes, please give details below:

|  |
| --- |
|  |

**Part 5: References**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Name |  |
| Address |  |  | Address |  |
| Postcode |  |  | Postcode |  |
| Tel No |  |  | Tel no |  |
| E-mail |  |  | E-mail |  |
| How do you know him / her? |  |  | How do you know him / her? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No |  |  | Yes |  |

May we contact them before interview?

**Part 6: How you found out about these posts**

Please **✓** as appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| Periodical |  | Which one |  |
|  |  |  |  |
| Website |  | Which one |  |
|  |  |  |  |
| Word of mouth |  |  |  |
|  |  |  |  |
| Other |  | Please give details |  |

# Part 7: Future contact

|  |  |  |
| --- | --- | --- |
| We are looking for specific competencies in this round of Trustee selection. If you are unsuccessful in this application, may we keep your contact details on our records to inform you of future opportunities? | | |
| Yes |  |

# Part 8: Board Skills Audit

Please complete the following skills audit, scoring all line items as follows:

Score 0 = no experience

Score 1 = awareness, but no direct involvement

Score 2 = involvement, but not supervisory or decision making

Score 3 = decision making or supervisory responsibility

This will be used to inform interview discussion and to help match candidates to specific needs identified by the Board.

|  |  |
| --- | --- |
| **Work of Oral Health Foundation:** | **Score** |
| Oral health policy and research |  |
| Education and training |  |
| Clinical practice |  |
| Disability issues |  |
| Youth work |  |
| Ageing population |  |
| Mental health & learning difficulties |  |  |
| Diabetes |  |
| Advice provision & Information services |  |
| Social media |  |
| Partnership working |  |
| Small business practice and planning |  |
| Corporate business practice and planning |  |
| **Operating environment:** |  |
|  |
| Voluntary sector |  |
| Public sector |  |
| Social/political environment |  |
| Community activism/development |  |
| Equal opportunities and diversity |  |
| Governance and regulation |  |
| Intellectual property and licensing |  |
| **Management:** |  |
|  |
| Strategic planning |  |
| Project management |  |
| Operational management |  |
| Change management |  |
| Financial management |  |
| Accounting |  |
| Budget-setting |  |
| Fundraising |  |
| PR, networking, campaigning |  |
| Monitoring and evaluation |  |
|  | **Score** |
| Quality assurance systems |  |
| Employment law and practice |  |
| Conflict resolution |  |

**Part 9: About you**

Please tell us in 200 words or less why you would make a valuable addition to the Oral Health Foundation’s Trustee Board:

**Part 10: CV**

Remember to attach your CV as a Word file or PDF with this application.

**Part 11: Declaration**

*I confirm that to the best of my knowledge and belief, the information given in this form is complete and correct. I further confirm that I have considered and understood the criteria for disqualification from appointment (available at* [*www.dentalhealth.org/about-us/board-of-trustees*](http://www.dentalhealth.org/about-us/board-of-trustees)*) and that I do not fall within any of the descriptions of persons specified in those criteria. I understand that if I am appointed and the information I have provided is subsequently found to be untrue then my tenure of office may be terminated.*

**Please note if you are submitting an application form by email we do not require a hard copy in the post. A signature will only be required if you are appointed.**

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

|  |
| --- |
| *This form should be returned to:*  **Kerry Geldart**  **Oral Health Foundation**  **Smile House**  **2 East Union Street**  **Rugby**  **Warwickshire**  **CV22 6AJ**  **(or email to kerry@dentalhealth.org)** |