**Application Form**

Closing date for application: **Friday 30 September 2022**

Interviews: Wednesday 12 October 2022

Role you are applying for: Appointed Director

1. **Personal Details**
2. Name:
3. Address:

Post Code:

Telephone: (Home)

 (Day)

Email:

1. Nationality:
2. How did you find out about this role?

**Please complete and return this form, to Rhian Davies, Chief Executive:**

Disability Wales, Brydon House, Caerphilly Business Park, Van Road, Caerphilly CF83 3ED **or email** emma.cooksey@disabilitywales.org

Please mark your envelope or title your email: Appointed Director

**2. Education**

1. Qualifications and/or membership of professional bodies with dates, subjects and level where appropriate:
2. Other relevant educational and training experience:

c) Please give details of your fluency in languages other than English:

**3. Work and Voluntary Experience**

1. Previous employment (in reverse chronological order, starting with current or most recent employer)

# Name of employer Position Dates

Please give further details on a separate sheet if relevant.

1. Relevant voluntary sector experience

DW recognises that many disabled people are denied opportunities for formal paid work. Please list any voluntary work experience relevant to this post including membership of voluntary Boards or Committees.

 **Name of group/organisation Duties Dates**

Please give further details on a separate sheet if necessary.

1. Public Office

Please list and give details of any public office you currently hold or have done in the past e.g. Magistrate, School Governor, Community Councillor

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 **4. Disability**

1. Do you identify yourself as a disabled person? *Yes No*
2. Experience of disability

Please give brief details of your personal experience of disability that you consider may be relevant to this role:

**5. Personal Statement**

Referring to the **Person Specification**, please give yourreasons for applying **and** why you think you may be suitable for the roleof **Board Director** together withany other relevant information regarding your knowledge, skills and experience (Maximum of **500** words – please use further sheets as necessary).

**6. References**

Please give details of two referees:

Name:

Address:

Tel (If known):

Email:

Name:

Address:

Tel (If known):

 Email:

**Data Protection**

Disability Wales will take care to ensure that all applicant data is appropriately and securely stored and handled.

The information on this sheet will be held securely by DW’s Finance and Administration Officer, and will be anonymised when sent to recruiting panel. If an applicant is not appointed for a post, their application and personal details forms will be destroyed.

Where an applicant is appointed, their application will be moved into an Employee Folder and remain as long as the employee is employed at Disability Wales.

Full details of DW’s approach to Data Privacy and protection, please contact the Finance and Resources Manager.

**Declaration**

I understand that Disability Wales is permitted to hold personal information about me as identified on this application form, as part of its recruitment procedures and personnel records.

By submitting this application form, I hereby declare that the information contained in this form is correct. Any false or misleading information provided by me on my application form or any other related documents may results in any subsequent employment being terminated.

Signed: Date:

Thank you for completing this form. Please return to:

 Private and Confidential HR

 Disability Wales

 Brydon House, Block B, Caerphilly Business Park, Van Road,

 Caerphilly CF83 3ED

 Tel: 02920 887325 Fax: 029 20888702

 Email: emma.cooksey@disabilitywales.org

**Participation**

All interviews will be held online. Please give details of any additional facilities that you will require to participate effectively in the selection process if short-listed.

This part of your application form will be removed before short-listing begins. Your access needs are **not** part of the selection criteria.

**Name:**

**Facilities required:**