**Part 1: Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Address:** |  | | |
| **Town:** |  | **Postcode:** |  |
| **Telephone:** |  | **E-mail:** |  |

**Part 2: Skills & Experience**

You may continue this on a separate sheet, but please ensure that your submission is not longer than four A4 sheets in total. You may wish to provide supporting evidence for your application from people you have worked with in your community.

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| **Please describe your previous/current involvement with Neighbourhood Watch (if any)** |
|  |
| **Tell us about the skills and experience you will bring to you role as a board member. (Please refer to the role profile in your answer.)** |
|  |

**Please indicate your level of skill in the following areas:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Advanced** | **Good** | **Fair** | **None** |
| **Administration** |  |  |  |  |
| **Finance & Banking** |  |  |  |  |
| **Accounting** |  |  |  |  |
| **Investment** |  |  |  |  |
| **Corporate/Business** |  |  |  |  |
| **Project Management** |  |  |  |  |
| **Governance & Board** |  |  |  |  |
| **Government Relations** |  |  |  |  |
| **Human Resources Management** |  |  |  |  |
| **Policy** |  |  |  |  |
| **Legal** |  |  |  |  |
| **Information Technology** |  |  |  |  |
| **Communications** |  |  |  |  |
| **Risk Management** |  |  |  |  |
| **Strategic Planning** |  |  |  |  |

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| **Why do you want to become a Trustee of Neighbourhood Watch Scotland?** |
|  |

**Part 3: Declaration**

**By signing this form, I confirm the following:**

I understand that my responses will be submitted to the board and members of Neighbourhood Watch Scotland for consideration, and that my name will be published in advance of the Annual General Meeting.

I understand that, if I am successfully voted onto the board, I will be expected to attend at least four board meetings per year, including the AGM.

I understand that, if I am successfully voted onto the board, I must declare any conflict of interest (not necessarily financial) that arises from me serving on the board of Neighbourhood Watch Scotland to the Chair.

I am not disqualified from serving as a Trustee[[1]](#footnote-1).

**I confirm that I wish to put my name forward as a Trustee of Neighbourhood Watch Scotland, and that the contents of this form are true and accurate.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please see OSCR’s Guidance for Charity Trustees: <http://www.oscr.org.uk/publications-and-guidance/guidance-for-charity-trustees/> [↑](#footnote-ref-1)