**The Dorset VCS Assembly
Governance Board Member**

Application form

(This page will be detached before shortlisting)

|  |  |
| --- | --- |
| Post applied for:**Dorset VCSA Governance Board Member** | Candidate No:**(Office use only)** |
| How did you learn of this vacancy? | Closing date: **Thursday 20th November 2025** |

|  |
| --- |
| **Personal details**  |
| Surname:  |
| Forenames:  | Title:  |
| Address:  | Home telephone number:  |
| Mobile telephone number:  |
| Work telephone number:  |
| Postcode:  | May we contact you at work?  |
| Email address:  |

|  |
| --- |
| **References in support of nomination from VCS organisations in Dorset**  |
| Name:  | Name:  |
| Position & organisation:  | Position & organisation:  |
| Address:Email address: | Address: Email address: |
| Telephone number:  | Telephone number:  |

**Declaration**

I hereby certify that the information supplied on this form is, to the best of my knowledge, true and accurate. And I understand that deliberate falsification or withholding of information could invalidate my application.

Signed ……………………………………….. Date …………………..

**The Dorset VCS Assembly
Governance Board Member**

Candidate No:

Application form

**What makes you suitable for the role of Governance Board Member, and what can you contribute to this role?**

We aim to have a diverse mixture of skills, experience, and training within the Governance Board. We also wish to represent a wide range of interests and areas within Dorset.

**Having read to role description and other supporting information, we would like you to write and tell us how you would like to contribute to the aims and work of the Dorset VCS Assembly, and what experience and skills you would bring to the Governance Board.**

**We haven’t set a word limit, so you can include as much information as you wish.**

We will also need **letters of support for your application from two people** who know you and your work within the VCS, and can vouch for you, your skills and experience.

If you would like to discuss your application, and check your ideas out before completing this task, then please get in touch with Paula Bennetts who will be happy to help.

**Submitting your application:**

Please send your completed application to
adam.martel@dorsetvcsa.co.uk

**To be attached:**

Presentation of your vision to the Assembly and Governance Board

2 letters of support

Candidate No:

**EQUAL OPPORTUNITY MONITORING SHEET**

THIS INFORMATION IS DETACHED BEFORE SHORTLISTING TAKES PLACE

We need to collect the following information to ensure that we are providing equal opportunities and to pass on to our funders for monitoring and evaluation. You will not be identified in the monitoring statistics we report on. The personal information you provide here is protected by law and it has no impact on whether you will be employed.

**What is your gender?** Male Female Transgender Non-binary

**What is your age group?** (please tick)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Under 18** | **18-24** |  **25-34** |  **35-44** |  **45-54** |  **55-64** |  **65-74** | **75 + over** |
|  |  |  |  |  |  |  |  |

 **What is your ethnic group?**

Tick one option that best describes your ethnic group or background

|  |
| --- |
| **Asian / Asian British** |
|  | Indian |
|  | Pakistani |
|  | Bangladeshi |
|  | Chinese |
|  | Any other Asian background, please describe |
| **Black / African / Caribbean /** **Black British** |
|  | African |
|  | Caribbean |
|  | Any other Black/African/Caribbean background, please describe  |

|  |
| --- |
| **Mixed / Multiple ethnic groups** |
|  | White and Black Caribbean |
|  | White and Black African |
|  | White and Asian |
|  | Any other Mixed/Multiple ethnic background, please describe |
| **White** |
|  | English / Welsh / Scottish / Northern Irish / British |
|  | Irish |
|  | Gypsy or Irish Traveller |
|  | Any other White background:please describe |
| **Other ethnic group** |
|  | Arab |
|  | Any other ethnic group: please describe |

**Which of the following best describes your sexual orientation?**

Straight / Heterosexual Gay or Lesbian Bisexual

Other sexual orientation, (please write in)

**Do you consider yourself to be disabled** i.e. having a disability

which has a substantial and long-term adverse effect on your

ability to carry out normal day to day activities? YES NO