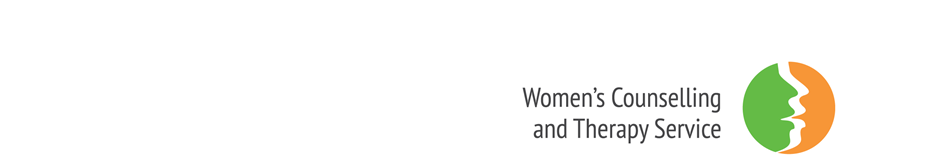
**

Application for the post of Trustee

|  |
| --- |
| Name |
| Address |
| Telephone number |
| Email address |
| How would you prefer to be contacted? |

**Referees**

|  |  |
| --- | --- |
| Please supply 1 professional and 1 character referees | |
| Name | Name |
| Organisation | Organisation |
| Email Address | Email Address |
| Relationship | Relationship |

Summarise why you want to be a Trustee, how you would contribute to the work of WCTS and what you hope to gain from the experience.

|  |
| --- |
|  |

Have you ever had any experience of working with a charity or as a volunteer (including other Trustee roles? If yes, please give details.

|  |
| --- |
|  |

Please indicate against each relevant area what level of experience you have:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **High** | **Medium** | **Low** |
| Knowledge of the counselling and psychotherapy field |  |  |  |
| Event Management |  |  |  |
| Legal Management experience |  |  |  |
| Charity Management experience |  |  |  |
| Experience of counselling as a client |  |  |  |

Please expand on the experiences that you indicated as ‘high’ above.

Please outline below any other skills and experience you feel you are able to contribute to the role of trustee at WCTS. Please consider the work of our organisation and the roles and responsibilities of charity trustees.

Declaration

I declare that the information supplied on this Application Form is true and accurate, and authorise you to contact the two referees named above for any further information you may require in relation to my application.

Signed ...............................................

Print Name: .....................................

Date: ………………….

Completed forms should be returned to: [tessadenham@womenstherapyleeds.org.uk](mailto:tessadenham@womenstherapyleeds.org.uk)