

**SOUTHEND EDUCATION TRUST
TRUSTEE APPLICATION FORM**

Position Applied For

TRUSTEE

Full Name

Title

(Mr / Mrs / Ms / Dr)

Full Address

**Post
Code**

**Contact Telephone
Number(s)**

**E-mail
Address**

Supporting Statement

Please provide a statement of about 100-200 words to support your application. If successful you will be required to agree to an enhanced CRB check.

APPLICATION FORM

Disability and Special Arrangements

We are committed to assisting people with disabilities to obtain and remain in employment. We therefore endeavour to provide reasonable adjustments to equipment and premises when required. Disability is defined under legislation as “a physical or mental impairment, which has a substantial and long term adverse effect on an individual’s ability to carry out normal day to day activities”.

Do you have any disabilities?

Yes		No	
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If yes please give details

Please give details of any special arrangements required for interview

References

Please give details of two referees.

Reference 1

Reference 2

Name	
Position	
Company Name	
Address	
Tel No	

Name	
Position	
Company	
Address	
Tel No	

Undertaking

I confirm that the entries that I have made on this application form are, to the best of my knowledge and belief true.

I authorise the Company to process and store all information contained on this application form for the purposes of recruitment.

I authorise the Company to obtain references to support this application once an offer has been made and accepted and release the Company and referees from any liability caused by giving and receiving information.

Signature:		Name:	
		Date:	

**Thank you for your application and for your interest in the Company.
We will respond to your application as soon as possible.**