



Board Membership Application Form

All information contained herein is strictly confidential

1. Personal Information

| | | |
|----------------|----------|--------------|
| Title | Surname: | First Names: |
| | | |
| Date of Birth: | | Known as: |
| | | |

| |
|-----------------------------|
| Address for correspondence: |
| |
| Email address: |
| |

| | | |
|--|----------|---------|
| Telephone Numbers we may use to contact you: | | |
| Daytime: | Evening: | Mobile: |
| | | |

2. Please list any memberships or directorships etc., of other organisations (voluntary or professional) which you currently hold, or have held in the past.

| | |
|--|--|
| | |
| Director/Trustee/Officer (<i>circle position held</i>) | Director/Trustee/Officer (<i>circle position held</i>) |

3. Qualifications

| |
|--|
| Please provide details of any academic/professional qualifications held: |
| |



4. Skills and Experience

Please indicate what skills you have and at what level – from 0 (none) to 5 (excellent)

| 0 | 1 | 2 | 3 | 4 | 5 | Skill level |
|---|---|---|---|---|---|--------------------------------------|
| | | | | | | Administrative |
| | | | | | | Business |
| | | | | | | Cultural diversity/access/disability |
| | | | | | | Finance systems/management |
| | | | | | | Funding sourcing/application |
| | | | | | | HR/personnel/recruitment |
| | | | | | | Local Authorities/SMP Contacts |
| | | | | | | Marketing/Public Relations/Speaking |
| | | | | | | Organisation experience |
| | | | | | | Previous Board experience |

Please provide brief details of your current employment (if applicable)

What other skills can you bring to the Board of the Barrhill Community Interest Company?

Why in particular do you wish to be considered for a place on the Board?

Barrhill Community Interest Company

Registered Office: Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE



Company Number 348907
A Company Limited by Guarantee
Registered in Scotland

5. Meeting Attendance

Meetings are held monthly and usually last 2 hours

Could you generally commit to that schedule of meetings?

How much time per month can you devote to Board membership?

6. References

Please provide details of two referees who would be able to comment on your suitability for Board Membership, one being from your own community:

Name:

Name:

Address and Contact:

Address and Contact:

7. Data Protection Information

I consent that the data contained within this form may be processed/held in a computerised and/or manual filing system, in line with the provisions of the Data Protection Act 1998.

Name:

Signed:

Date:

Completed forms should be returned to any BCIC Director or by post to:

BCIC c/o Gavin McEwan, Turcan Connell,
Princes Exchange, 1 Earl Grey Street
Edinburgh
EH3 9EE

Questions? Contact us on bcicbarrhill@yahoo.co.uk or speak to any BCIC Director