**VOLUNTEER POSITION APPLICATION:**

# Northern Ireland Grants Sub-Committee

Please read the role description before completing. This form may not allow sufficient space for provision of the information requested. If this is the case, please include additional sheets. Please note this form and any additional sheets will be used as the sole basis for short listing. CVs should NOT be sent. Please return the form via email to: nina.mcneary@nationalchurchestrust.org by 9am on Monday 15 January 2024.

**PERSONAL DETAILS:**

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| --- |
| **Where did you see the post advertised?** |
| **Surname:****First Name(s):****Male/female/prefer not to specify:** |
| **Address:** |
| **Telephone No(s):** **E-mail address:** |

**SKILLS:**

|  |
| --- |
| We are looking for our grants committee to have (*please tick or mark which apply to you*):* Geographical representation from within Northern Ireland
* Knowledge and experience of a range of traditions, including understanding the governing processes and requirements around alterations to buildings

We are looking for individual committee members with a range of the following skills, experiences and knowledge (*please tick or mark which apply to you*) * Grant allocation experience
* Heritage professional
* Church project experience
* Community engagement
* Heritage interpretation
* Representative of a Heritage Body
* Effective communication / teamwork / treat others with respect
 |
| **Please explain below, which criteria you meet and how** (we do not expect candidates to meet all of the criterion). |
| **Please explain below why you are interested in this role, and why you are suitable for the position.** Please relate your comments to the project and role description in the advertisement. |

**EMPLOYMENT** (current / most recent first - you may include relevant voluntary positions)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s Name and Address** | **Title of Post Held** | **Date From** | **Date To** |
|  |  |  |  |

**EDUCATION AND QUALIFICATIONS** (most recent first).

Include details of any qualifications for which you are currently studying/expect to attain.

|  |  |  |  |
| --- | --- | --- | --- |
| **Schools, Colleges Universities or other Training organisations** | **From\*** | **To\*** | **Programme of study/examinations taken (with levels and grades)** |
|  |  |  |  |

\* Inclusion of qualification dates is not compulsory

 **APPLICANT’S DECLARATION**

I hereby verify the accuracy of information provided by me in support of this application. I understand that any offer of a volunteer position is subject to the National Churches Trust being satisfied with the results of a series of relevant checks including references, conflicts of interest and criminal convictions.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate termination of responsibilities, whenever it may be discovered.

I understand that the National Churches Trust is permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and records. National Churches Trust will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis of legitimate interests to process information provided by you on this form. For details of our privacy policy see [here.](https://www.nationalchurchestrust.org/privacy-cookies)

**Note:** The National Churches Trust is an equal opportunities employer and does not unlawfully discriminate in employment. No information provided by the applicant will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.

# Finally, please complete the monitoring information at Appendix 1.

**Applicant’s signature: Date:**

**This form should be completed and returned to:**

nina.mcneary@nationalchurchestrust.org

**Closing date for applications is 9am on Monday 15 January 2024.**

**It is the responsibility of applicants to ensure that their application is received before the closing deadline.**

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| **FOR OFFICE USE ONLY** |
| DATE APPLICATION RECEIVED:Time received (if appropriate): | INTERVIEW: YES / NO |
| SHORTLIST YES / NO | NOTES ON REFERENCES: |

**APPENDIX 1** (all information provided with be treated in strictest confidence)

# DISABILITY & HEALTH MONITORING INFORMATION

Are there any reasonable working adjustments you would need us to make to accommodate your health? **Yes / No** (delete as applicable)

If yes, please give details: