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| Position Applied For: Treasurer |
| Salford Credit Union membership number: (If you are not currently a member this can be added after joining) |
| Title: | First Names: | Surname: |
| Home Address: |
| Home Phone: | Mobile: |
| Work phone: | Email: |
| Can we contact you at work? |  |

**Current/most recent employer or voluntary position**

|  |  |  |
| --- | --- | --- |
| Dates from/to | Name and address of employer | Post held |
|  |  |  |

**References**: Please provide contact details of referees

|  |
| --- |
| Referee Name:Address:Relationship to Referee:Telephone Number: Email:Referee Name:Address:Relationship to Referee:Telephone Number: Email: |

**Declaration**

|  |  |  |  |  |
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|  I understand that an appointment, if offered, will be subject to the information on this form being correct. I also understand that appointment will be subject to satisfactory references to ensure I meet the regulators’ test for fit and proper persons. I hereby certify that the information I have given in this application is true to the best of my knowledge and belief. I understand that, if successful in this application, I will need to obtain a Disclosure & Barring Service Certificate and ensure I meet the Fit and Proper person test ‘Approved Person’ status from the Prudential Regulation Authority and Financial Conduct Authority. Assistance will be given by the credit union office, but I acknowledge that this will involve tests of what the regulators term ‘fitness and propriety’, including disclosure of any criminal convictions, County Court Judgements or history of bankruptcy.  |
| Print Name:  | Signature:  | Date  |

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**In the space below, please provide some information about how your experience, skills and knowledge meet the requirements for the role of treasurer**

 (Please continue on separate sheets if necessary)

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***Please return your completed forms to Miranda Clarke at scudirector@gmail.com***

**Equal Opportunities Monitoring Form**

Salford Credit Union aims for equality of opportunity in our governance arrangements. By completing this form you will be providing details which will help us monitor our policies.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your ethnic origin?

**White**

British

Irish

Any other White background *(please state)*

**Mixed Chinese or other Ethnic Group**

White and Black Caribbean Chinese

White and Black African Any other Ethnic background *(please state)*

White and Asian

Any other Mixed background *(please state)*

**Asian or Asian British Black or Black British**

Indian African

Pakistani Caribbean

Bangladeshi Any other Black background *(please state)*

Any other Black background *(please state)*

Would you describe yourself as having a physical or mental impairment, which has a substantial and long-term (at least twelve months) adverse effect on your ability to carry out day to day activities? **Yes / No**

If you consider yourself disabled, the arrangements Salford Credit Union would need to make to enable me to attend residential training sessions/meetings are:

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|  |

Under the Data Protection Act 2018 the information you provide will only be used for equal opportunities monitoring and does not form part of the interviewing or selection process.

***Please return your completed forms to Miranda Clarke at scudirector@gmail.com***