

**Board Trainee Programme Application Form**

If you would like to be considered for the Board Trainee Programme please:

1. Complete this Application form
2. Complete the Declarations and Fit and Proper Persons Form (Appendix 1), and
3. Complete the Diversity Monitoring Form (Appendix 2)

**Data Protection Act 2018**

The information on this form may be held on computer and/or held as manual data. All the information supplied by you is strictly confidential and will only be used for the purpose of recruitment administration.

**Personal Details**

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| --- | --- |
| **Title** |  |
| **Surname** |  |
| **Forename(s)** |  |
| **Address** |  |
|  |
|  |
|  |
| **Telephone Number** | **Home** |  |
| **Work** |  |
| **Mobile** |  |

I certify that to the best of my knowledge the information I have supplied is correct. I understand that deliberately giving false or incomplete information would disqualify me from appointment or, in the event of discovery after appointment, make me liable to removal from the Board.

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| --- | --- | --- | --- |
| Signature |  |  Date |  |

**Here are some of the qualities we are looking for in our trainees:**

* *A passion for the work we do to make a difference to people’s lives*
* *A curious mind – asking questions and gathering information*
* *Alignment with our values*
* *Commitment to learning*
* *Some knowledge of the communities we serve*
* *Ability to listen and understand information*
* *Receptive to challenge of own views and able to present respectful, healthy challenge to the views of others*

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| **Please tell us why you are interested in the programme, how you can commit to it and what you hope to learn from it.**  |
| **Please tell us about the experience you could offer the board which may be through employment, voluntary of community work or personal experience.**  |
| **Talk us through your knowledge and interest in communities, wider society and specifically NE and regional matters?** |

Thank you for completing this application form. Please return the application to: katherine.mcgough@northstarhg.co.uk

**Closing Date for applications is 15th April 2025.**



**Appendix 1**

**Declarations and Fit and Proper Persons Form**

**Introduction**

North Star wish to conduct their business in line with high standards of probity and ensure transparency in all of its dealings. In order to do so, we must be made aware of any existing relationships between our Board and staff, contractors, consultants and those organisations with which North Star has a close relationship. This form also provides an update on the Fit and Proper Persons test for Directors and continued eligibility for board membership. Board Members must read this document carefully and complete it at least annually. Prospective Board Members must complete this document as part of the Recruitment & Selection Process.

**Closely connected persons**

A closely connected person includes family members and persons with whom you have or have had a close association. This has a wide meaning and includes persons who might reasonably be regarded as similar to family members even where there is no relationship by birth or in law. This includes:

* A partner (someone to who you are married, a civil partner or someone with who you live with in a similar capacity)
* Parent or parent-in-law
* Son, daughter, stepson, step-daughter, the child of a partner
* Brother, sister, brother or sister of a partner
* Grandparent, grandchild
* Uncle, aunt, nephew, niece
* Partners of any of the above
* Any dependents
* Any person on whom the you depend
* Estranged, separated, divorced family members or those reasonably regarded as family members
* Those with whom you have or have had a close association who is more than an acquaintance, e.g., friend, colleague, neighbour, business associate.

**Connections with an organisation**

You are connected with a company, partnership or other organisation with which North Star works if you or a family member or close connection:

* Is employed by the organisation, either directly or as a sub-contractor or agent
* Is a director, owner, Board member, trustee or has some controlling or financial interest in the organisation
* Holds shares in or has some other financial stake or interest in the success of the organisation
* If there is some other connection or link that a reasonable person could take to create a conflict of interest

**Requirements under the Code of Conduct**

Board Members are required to complete this form at least annually in order to establish whether or not any personal relationships exist which might preclude North Star from entering into a contract or prevent that Board Member from continuing in their role at North Star. They are also asked to declare existing relationships with North Star employees or other Board Members, to ensure that we have appropriate approvals in place is necessary.

Board Members have a personal duty to advise on any changes in circumstances and complete a revised form as and when appropriate. Failure to make an appropriate declaration or disclosure will be treated as a breach of the North Star Code of Conduct.

1. **Declaration of interests**

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| **Name** |  |
| **Position** |  |
| **Please state the board(s) or committee(s) of which you are a member** |  |

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| **1. Are you either a director or involved in the management of a contractor or consultant who provides services to North Star?** |
| Please tick YES [ ]  NO [ ] If you answered yes, please state: |
| **a) Name of contractor or consultant** |  |
| **b) Position(s) held** |  |
| **2. Do you have any close connections with persons who are either a director or involved in the management of a contractor or consultant who provides services to North Star?** |
| Please tick YES [ ]  NO [ ] If you answered yes, please state: |
| **a) Nature of connection** |  |
| **b) Name of Contractor or consultant** |  |
| **c) Position(s) held** |  |
| **3. Do you have any other interests in organisations outside North Star, either paid or not?**Please tick YES [ ]  NO [ ] If you answered YES, please give details: |
| **Financial****Non Financial** |
| **4. Do you have any connections with a Local Authority either directly or via a closely connected person?** |
| Please tick YES [ ]  NO [ ] If you answered yes, please state: |
| **a) Nature of connection** |  |
| **b) Name of Local Authority** |  |
| **c) Position(s) held** |  |
| **5. Do you have any close connections with anyone who works for North Star?** |
| **a) Name and Job Title of connection** |  |
| **b) Connection to me** |  |
| **6. Are you a tenant/resident of North Star?** |  |
| **7. Are there any other issues which may relate to probity which you wish to declare?** |  |
| **Signature**I confirm that, to the best of my knowledge and belief, the information I have provided is correct.Signature Date  |



**Fit and Proper Persons Test**

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| **Statement** | **Please Circle**  | **Notes / Comments** |
| I consider myself to be a person of good character. | Yes / No |  |
| I have the qualifications, skills and experience which are necessary for carrying out my current responsibilities as a Board Member. | Yes / No |  |
| I am capable by reason of my health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the carrying out of my current responsibilities as a Board Member.  | Yes / No |  |
| I have not been responsible for, been privy to, contributed to or facilitated, any misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity, or discharging any functions relating to any office or employment.  | I have / I have not |  |
| I am not prohibited from holding the position of Board Member by or under any enactment. | I am / I am not |  |

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| **I confirm that, to the best of my knowledge and belief, the information I have provided is correct.**  |
| **Signature:**  |  | **Date:**  |  |

1. **Eligibility for board membership**

No one can become or remain a board member or co-optee at any time if:

* They are disqualified from acting as a director of a company for any reason;
* They become bankrupt or make any arrangement or composition with any creditor generally;
* They have been convicted of an indictable offence which is not, or cannot be, spent;
* They are a person in respect of whom, by reason of that person’s mental health, a court makes an order which wholly or partly prevents that person from personally exercising any powers to rights which that person would otherwise have;
* They are a person in respect of whom a registered medical practitioner who is treating that person gives a written opinion stating that the person had become physically or mentally incapable of acting as a board member and may remain so for more than three months;
* They are on a list which stops them from working with children and vulnerable adults;
* They are an employee and their contract of employment with North Star is terminated;
* They are a resident and are in material or serious breach of their tenancy agreement, licence or lease with North Star and fail to rectify the breach within a reasonable timeframe as agreed with North Star. or are subject to any of the following types of court order: anti-social behaviour order or injunction, demoted tenancy or closure order;
* In the case of a board member who was a resident at the time of their appointment as a board member, they cease to be a resident (unless the board has in its absolute discretion resolved that they shall remain as a board member);
* They are a non-executive board member and they become an employee.

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| **I confirm that, to the best of my knowledge and belief, none of the restrictions set out above apply to me.**  |
| **Signature:**  |  | **Date:**  |  |



**Appendix 2**

**Diversity Monitoring Form**

We are committed to achieving success through Board membership that is representative of our local communities. We are committed to achieving this by attracting people to the organisation from a broad range of backgrounds, cultures and experiences.

Our monitoring is to ensure that we offer appropriate and sensitive support to all our tenants, service users and employees, so that they can be treated with dignity, respect and understanding. We also recognise that certain communities and the individuals within them have been underserved in the past and we wish to redress this imbalance.

On receipt, this sheet will be retained for statistical monitoring purposes only. If, however, you do not wish to disclose a response to a specific question, please feel free to move onto the next question. We will assure confidentiality and sensitivity in our monitoring.

|  |  |
| --- | --- |
| **Name** |  |
| **Gender** |
| **Male** |  | **Female** |  | **Transgender** |  | **Prefer not to say** |  |
| **How would you describe your sexual orientation?** |
| **Straight** |  | **Gay** |  | **Lesbian** |  | **Bi-sexual** |  |
| **Other** (please specify below) |  | **Prefer not to say** |  |
|  |
| **Which age group do you belong to?** |
| **Under 25** |  | **25-34** |  | **35-44** |  | **45-54** |  |
| **55-64** |  | **Over 65** |  | **Prefer not to say** |  |
| **Do you consider yourself to have disability** |
| **Yes** |  | **No** |  | **Prefer not to say** |  |
| If Yes, please provide details: |
| **Ethnic Origin** |
| **White** | **British** |  | **Irish** |  |
| **Other** |  |  |
| **Asian or British Asian** | **Bangladeshi** |  | **Indian** |  |
| **Pakistani** |  | **Other** |  |
| **Black or Black British** | **Caribbean** |  | **African** |  |
| **Other** |  |  |
| **Dual Heritage** | **Asian and White** |  | **Black African****& White** |  |
| **Black Caribbean****& White** |  | **Other** |  |
| **Chinese or****Other Ethnic Group** | **Chinese** |  | **Other** |  |
| **Prefer not to say** |  |