TransActual application form

Application for **Director/Treasurer (delete as applicable) – voluntary capacity**

***Please return your completed application* to** [**info@transactual.org.uk**](mailto:info@transactual.org.uk)**. Please do not send a covering letter or CV, the information we ask for on the application form ought to be sufficient.**

## Your details

Name:

Address:

Postcode:

Phone:

Email:

## Qualifications and training

Please give details of any qualifications or training relevant to the role:

|  |
| --- |
|  |

## 

## Occupational history

### Your current or most recent employer (this can be an organisation that you volunteer for)

Name of employer:

Address:

Postcode:

Job title:

Length of time with employer:

Duties:

|  |
| --- |
| *Keep it brief – please write no more than 200 words for this section, bullet points are absolutely acceptable* |

### Previous experience

Please tell us about other roles you have had and about the skills you have developed up to this point.

|  |
| --- |
| *Keep it brief – please write no more than 200 words for this section, bullet points are absolutely acceptable* |

## Supporting statement

Please tell us why you would like to be a director at TransActual and how you fit the person specification.

|  |
| --- |
| *Please write no more than 2000 words for this section.* |

## References

Please give the names and contact details of 2 people who we can ask to give you a reference. Any job offer will be conditional on satisfactory references from both named individuals/organisations on your application. We won’t contact your named reference providers before interview. Your references could come from an employer, another organisation that you’ve been involved in, or from anyone able to comment on your suitability for the role. We can’t accept references from members of your immediate family or from your husband, wife or partner(s).

### Referee 1

|  |
| --- |
|  |

### Referee 2

|  |
| --- |
|  |

## Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my removal from TransActual’s board of directors.

By completing and submitting this application form, I confirm that I confirm that I am over 18 and that I am happy for TransActual to store and use my data in relation to this job application. I am aware that I can read TransActual’s privacy policy at <http://www.transactual.org.uk/privacy-policy>.

Name:

Date:

TransActual equality monitoring

TransActual wants to meet the aims and commitments set out in our equality and diversity policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

We your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential, will not be viewed when shortlisting for interview, and will be used for monitoring purposes.

If you have any questions about the form e-mail [info@transactual.org.uk](mailto:info@transactual.org.uk).

## **Gender**

|  |  |
| --- | --- |
| Man |  |
| Woman |  |
| Non-binary |  |
| Prefer not to say |  |
| If you identify in another way, please write it here: |  |

Is your gender the same as your gender registered at birth?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

Are you intersex?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

## **Age**

|  |  |
| --- | --- |
| 18-24 |  |
| 25-29 |  |
| 30-34 |  |
| 35-39 |  |
| 40-44 |  |
| 45-49 |  |
| 50-54 |  |
| 55-59 |  |
| 60-64 |  |
| 65+ |  |
| Prefer not to say |  |

## **What is your ethnic heritage?**

Ethnic heritage is not about nationality, place of birth or citizenship. It is about the group to which you feel you belong to, relating to your heritage. Please tick the box(es) that you feel is/are right for you.

Asian or Asian British

|  |  |
| --- | --- |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background, please write it here: |  |

Black, African, Caribbean or Black British

|  |  |
| --- | --- |
| Black African |  |
| Black Caribbean |  |
| Any other Black, African or Caribbean background, please write it here: |  |

Mixed or Multiple ethnic groups

|  |  |
| --- | --- |
| Asian and white |  |
| Black African and white |  |
| Black Caribbean and white |  |
| Any other Mixed or Multiple ethnic background, please write it here: |  |

White

|  |  |
| --- | --- |
| Gypsy, Traveller or Showman |  |
| White British |  |
| White English |  |
| White Irish |  |
| White Northern Irish |  |
| White Scottish |  |
| White Welsh |  |
| Any other White background, please write in: |  |

Other ethnic group

|  |  |
| --- | --- |
| Arab |  |
| Latinx |  |
| Roma |  |
| Any other ethnic group, please write in: |  |

## **Disabilities and differences**

The information in this form is for monitoring purposes only. Reasonable adjustments will be discussed separately with your line manager.

Do you consider yourself to have a disability or health condition?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

Are you neurodivergent? (for example autistic, ADHD, dyspraxia)

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

Are you D/deaf?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

## **What is your sexual and/or romantic orientation?**

Select all that apply to you.

|  |  |
| --- | --- |
| Asexual |  |
| Aromantic |  |
| Bi |  |
| Gay |  |
| Heterosexual/heteroromantic |  |
| Lesbian |  |
| Pan |  |
| Queer |  |
| Questioning |  |
| Prefer not to say |  |

If you describe this part of your identity in another way, please write it here:

## **What is your religion or belief?**

|  |  |
| --- | --- |
| No religion or belief |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Humanist |  |
| Jewish |  |
| Muslim |  |
| Pagan |  |
| Sikh |  |
| Spiritual |  |
| Prefer not to say |  |

If you are of another religion or belief, please write it here:

## **Do you have caring responsibilities?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

If yes, please tick all that apply.

|  |  |
| --- | --- |
| Primary carer of a child/children (under 18) |  |
| Primary carer of disabled child/children |  |
| Primary carer of disabled adult (18 and over) |  |
| Primary carer of older person |  |
| Secondary carer (another person carries out the main caring role) |  |
| Prefer not to say |  |