****

**Easy Read**

**Chair of The Board of Trustees**

**Application Form 2020-2022**

|  |  |
| --- | --- |
|  | If you would like to be the Chair of the Board of Trustees for Learning Disability Wales, please: |
|  | * **fill out this application form**   Please send it back to us by post or email. |
|  | * **or make your own video**   Use a phone with a camera, or a tablet like an iPad, to record your answers to the questions in this application form. |
|  | When you have made your video please email it to us. It should be no longer than 5 minutes long. |
|  | **Please send us your application form or video by 23 September 2020 to:** |
|  | **Post:** Learning Disability Wales  41 Lambourne Crescent  Cardiff Business Park  Llanishen  Cardiff  CF14 5GG |
|  | **Email:** [joanne.moore@ldw.org.uk](mailto:joanne.moore@ldw.org.uk) |
|  | If you need any support or for more information call Joanne Moore on: **029 2068 1160** |

**Your details**

|  |  |
| --- | --- |
|  | **Name:** |
|  |
|  |  |
|  | **Address and postcode:** |
|  |
|  |  |
|  | **Email address:** |
|  |
|  |  |
|  | **Telephone Number:** |
|  |
|  |  |
|  | **Mobile Number:** |
|  |
|  |  |
|  | **Date of birth:** |
|  |

**Questions**

|  |  |
| --- | --- |
|  | 1. **Why do you want to become Chair of Learning Disability Wales?** |
|  |  |
|  | 1. **Tell us about the skills and experience that you can bring to the role.**   **Please write about the skills listed in the person specification.** |
|  |  |
|  | 1. **What areas of our work are you interested in? And how can we make things better?** |
|  |  |

**References**

|  |  |
| --- | --- |
|  | We will ask for 2 references before interview.  Please give us details for 2 people we can contact to ask if you would be good for this role. |
|  | **Referee 1** |
|  | **Their name:** |
|  |
|  |
| **Their job title:** |
|  |
|  |  |
|  | **Their email address and telephone number:** |
|  |
|  |  |
|  | **Relationship to you:** |
|  |
|  |  |
|  | **Referee 2** |
|  | **Their name:** |
|  |
|  |
| **Their job title:** |
|  |
|  |  |
|  | **Their email address and telephone number:** |
|  |
|  |  |
|  | **Relationship to you:** |
|  |
|  |  |

**Declaration**

|  |  |
| --- | --- |
|  | Please make sure you fill this part in.  **I confirm that I am suitable to be a Chair, Trustee and Director of the Company:** |
|  |  |
|  | **Signed:** |
|  |
|  |  |
|  | **Date:** |
|  |