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**Application to join the Safer Neighbourhood Board**

**YOUR PERSONAL DETAILS**

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| **Last Name:** |  | **First Name:** |
| **Address:** |  | **Phone:**  **Mobile:** |
|  | **Email:** |
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| --- | --- | --- |
| **The organisation or communities that you represent** |  | **Your role in your organisation or community** |
| **Name:**  **Address/area:**  **Phone:**  **Email:** |  | **Title:** |
|  | **Your responsibilities:** |

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| **The work your organisation does or the work you do within the communities you represent:** |
| **The beneficiaries of your work:** |

**Signature (to be completed after all other parts of the form)**

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| To the best of my belief I have completed this application form accurately and have not withheld any information, which could reasonably be considered as relevant to my application. If I am offered the post and it is subsequently discovered that I have wilfully given false information, I will be liable for dismissal. | |
| **Signed:** | **Date:** |

**THE REPRESENTENTATION YOU BRING TO THE BOARD**

Use this section to explain why it’s important that your beneficiaries or the communities that you work with should be represented on the Safer Neighbourhood Board

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**WHY YOU ARE THE RIGHT REPRESENTATIVE**

Use this section to explain why you are best placed to represent the voice of your beneficiaries or communities and how will ensure that their voices are represented

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**ESSENTIAL CRITERIA**

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| **Equal Opportunities** Do you accept the principles outlined in RedbridgeCVS’s Equality & Diversity Policy?  Yes **⬜** No **⬜**  If you ticked No, please explain why. |

**Finally**

Is there anything else you would like to tell us which you think is relevant to your application but not covered elsewhere in this form?

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PLEASE SIGN THE COMPLETED FORM AND RETURN TO: jemma@redbridgecvs.net