**Board Member Application Form**

Please complete all sections of the form and return by email to: jobs@openeye.org.uk or by post to: Open Eye Gallery, 19 Mann Island, Liverpool L3 1BP by 12.00pm on Friday 20th April.  
  
**Personal Details**

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| --- | --- | --- | --- |
| **First Names:** |  | **Surname:** |  |
| **Title:** |  | **Address:** |  |
| **Mobile Number:** |  |
| **Home Number:** |  |
| **Nationality:** |  | **Postcode:** |  |
| **Email Address:** |  | | |

**Details of Employment Interests**

|  |  |  |
| --- | --- | --- |
| **Dates** | **Employment / Business Interests** | **Position Held and Nature of Work** |
|  |  |  |
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**Details of Public Appointments, Trusteeships and Board Memberships**

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| --- | --- | --- | --- |
| **Dates** | **Name of Organisation** | **Position Held and Nature of Role** | **Time Commitment** |
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**Area of Expertise**

|  |  |
| --- | --- |
| **Area of Expertise** | **Brief Overview of Experience** |
| Curator |  |
| Artist Champion |  |
| Exhibition Interpretation / Customer Service |  |
| Academic Professional |  |
| Engagement and Participation |  |
| Digital Entrepreneur |  |
| Marketing and Audiences |  |
| National Media Professional |  |
| Philanthropy Champion |  |
| Health Professional |  |
| Finance / Treasurer |  |
| Legal |  |
| Retail |  |
| Fundraising |  |
| Business Development |  |

**Professional Membership and Qualifications**

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| --- | --- |
| **Membership/Qualification Details** | **Date Obtained** |
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**Information in Support of your Application**

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| **This section gives you the opportunity to set out:**   * **Why you want to become an Open Eye Gallery board member?** * **What specific skills, qualifications and experience would you bring to Open Eye Gallery as a board member?** * **Bearing in mind the information we have provided, what connections and contacts do you have to whom you would be willing to advocate and champion Open Eye Gallery?** * **Please give any other information that you feel would support your application.**     **Please continue on a maximum of two separate sheets of A4 paper.** |
|  |

**Availability**

|  |  |  |  |
| --- | --- | --- | --- |
| **Days a Week:** |  | **Days a Month:** |  |
| **Other:** |  | | |

**Conflicts of Interest**

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| --- |
| **Please give details of any business or other interests, that might give rise to conflict of interest, and how you would address this issue should you be successful in your application** |
|  |

**References** (Please give details of two referees. Contact will only be made with your permission)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |
| **Position:** |  | **Position:** |  |
| **Address:** |  | **Address:** |  |
| **Contact Number:** |  | **Contact Number:** |  |
| **Email Address:** |  | **Email Address:** |  |
| **Relationship to you:** |  | **Relationship**  **to you:** |  |

**Disability**

|  |  |
| --- | --- |
| **Do you consider yourself to have a disability?** |  |
| **If yes, please give details below:** | |
|  | |
| **How can we assist with any special needs to enable you to attend interview or carry out your duties?** | |
|  | |

**Convictions**

|  |  |
| --- | --- |
| **Have you ever been convicted of a criminal offence? Declaration is subject to the Rehabilitation of Offenders Act 1974.** |  |
| **If you have answered yes, please give details:** | |
|  | |

**Please sign and date the declarations and authorisation below:***I declare that the information given by me, to the best of my knowledge, is true and complete.*

I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.

In accordance with the Data Protection Act 1998, I hereby authorise Open Eye Gallery to process the information contained in this application form for recruitment and selection purposes.

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| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |