



the pickaquooy centre  
SPORTS • ARTS • LEISURE • CONFERENCES

## THE PICKAQUOY CENTRE TRUST TRUSTEE APPLICATION FORM

This application will be used to assess the skills, experience and interests of anyone who has applied to become a Trustee. Please be as specific as you can on your reasons for wanting to become a Trustee and what skills and experience you will be able to bring to the role.

Name:				
Address:				
E-mail Address:				
Day time Telephone:		Evening Telephone:		
Mobile Number:				
Current occupation:				
Have you been a Charity Trustee before?	YES		NO	
Are you over the age of 18 years?	YES		NO	

1. Why do you wish to become a Trustee?

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2. Please list any groups, clubs or organisations with which you have been or are involved in and at what capacity:

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3. Are you an Elected Member or employee of the Orkney Islands Council, or have you been an Elected Member of Orkney Islands Council within the last 4 years?

YES		NO	
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If yes, please give details:

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4. Do you have any professional skills in any particular area? Please indicate against each relevant area whether it is your Principle skill, by writing 'P', or a secondary skill where you have experience, by writing 'S'.

	P/S		P/S
Sport & Leisure		Marketing or Communication	
External Grant Applications/Fund Raising		Strategic Planning	
Finance		Governance	
Business Management		Health & Safety	
Law		Human Resource Management	

5. Please give details of any experience or interest that you think is relevant to your becoming a Trustee (whether through paid employment or voluntary/participatory activities):

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6. Do you make significant use of The Pickaquoy Centre facilities or services? If so, please give details:

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7. Have you ever been:

	YES	NO
The subject of an application for a disqualification order under the Companies Directors Disqualification Act 1986 or had such an order made against you?		
Convicted of a criminal offence (excluding minor motoring offences)?		
If yes, please give details:		

9. Conflicts of Interests:

	YES	NO
Have you, or any organisation you are a member of, represent, or have a pecuniary interest in, ever been a beneficiary of The Pickaquoy Centre?		
Have you, a family member, or your employer, undertaken work for or supplied goods or services to The Pickaquoy Centre?		
If yes, please give details:		

9. Please give details of two referees (other than relatives) whom we can apply to for a reference:

1.	Name	
	Address	
	Postcode	
	Tel No.	
	E-mail Address	
	What is their connection with you?	

2.	Name	
	Address	
	Postcode	
	Tel No.	
	E-mail Address	
	What is their connection with you?	

I declare that the information supplied on this Application Form is true and accurate, and authorise you to contact the referees named above for any further information you may require in relation to my application.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please return this application to:**

**Human Resources Department  
The Pickaquoy Centre  
Muddisdale Road  
Kirkwall  
KW15 1LR**

**E-mail: [hr@pickaquoy.com](mailto:hr@pickaquoy.com)**

**Applications must be submitted by:  
Sunday 25 April 2021.**