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| --- | --- | --- | --- | --- |
| Expression of interest to become the THEATR IOLO chair | | | | |
| Name: |  | | | |
| Address: | | | | |
| E-mail: |  | | | |
| Telephone: |  | Mobile: | |  |
|  | | | | |
| **Please give details of your present or most recent employer.** | | | | |
| Employer name: | | | | |
| Employer address: | | | | |
| Job title: | | | | |
| From: | | | To: | |
|  | | | | |
| **Please indicate whether you have a connection with any other organisation that might be considered a conflict of interest** | | | | | |
| Please tick as appropriate:  Yes  No  Not Sure | | | | | |
| Please add detail as to what the conflict of interest might be: | | | | | |

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| **Please describe why you wish to become a Chair and what skills and attributes you believe you would bring to the Board of Trustees at Theatr Iolo. Please include any particular and / or professional skills or experience?** |
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| **Have you ever been? Please tick as appropriate:** | | | | | |
| **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; | | | |  |  |
| Adjudicated bankrupt or been the subject of a petition for bankruptcy; | | | |  |  |
| Entered into an individual voluntary arrangement under the insolvency act 1986 or any composition or moratorium on debts with creditors; | | | |  |  |
| Been convicted of an indictable or other offence which is not spent against you; | | | |  |  |
| Previously been removed from the trusteeship of a charity by the court of the charity commissioners. | | | |  |  |
|  |  |  |  | | |
| **If you answered yes to any of the above, please provide further details:** | | | | | |
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| **Please give details of two referees (other than relatives) whom we can apply to for a reference:** | | |
| Name of Referee: | | |
| Address: | | |
| Telephone: | | E-mail: |
| Permission to contact prior to interview: Yes  No | | |
| What is their connection with you? |  | |
|  | | |
| Name of Referee: | | |
| Address: | | |
| Telephone: | | E-mail: |
| Permission to contact prior to interview: Yes  No | | |
| What is their connection with you? |  | |
|  | | |
| **Your Signature** | | **Date** |
|  | |  |

Please return your completed application form to:

**Michelle Perez**, General Manager

Theatr Iolo, c/o Chapter, Market Road, Canton, Cardiff, CF5 1QE

or email to: **michelle@theatriolo.com**