**Better Boards – Application Form**

***Please type your application; handwritten forms will not be accepted***

|  |  |
| --- | --- |
| Organisation Name |  |
| Organisation Address and Postcode |  |
| Organisation website |  |
| Organisation Legal Status and Charity/Company Number(s) |  |
| Please briefly describe your organisation’s activities and beneficiaries/clients\* | |
| CEO/Senior Manager - Name |  |
| E-mail address |  |
| Telephone |  |
| Chair - Name |  |
| E-mail address |  |
| Telephone |  |

*\*Please note that Better Boards is only funded for organisations providing adult social care. If you are unsure about your eligibility, please contact us first: 01707 251351;* [***hcftraining@hertscf.org.uk***](mailto:hcftraining@hertscf.org.uk)

**Current Board Members – Number of Years in Post**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chair |  | Treasurer |  | Secretary |  |
| Other Trustees/Directors – insert name or role *(add extra rows if needed)*: | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Trustee Induction – how is this carried out for new trustees?**

|  |
| --- |
|  |

**Governance Training – details and dates of training undertaken by current board**

|  |
| --- |
|  |

**Board Meetings**

|  |  |  |  |
| --- | --- | --- | --- |
| Frequency |  | Length |  |
| Venue |  | Minutes taken by: |  |

**List of sub-committees; do they have terms of reference?**

|  |
| --- |
|  |

**Why is your organisation interested in the Better Boards programme?**

|  |
| --- |
|  |

**Please return your completed form to:** [**hcftraining@hertscf.org.uk**](mailto:hcftraining@hertscf.org.uk)   
*Applications will be approved on a first come first served basis as there is a fixed budget for this programme. Organisations will be required to sign the Better Boards Terms and Conditions*

**Data protection:** By completing this form you are agreeing to allow HCF to use the information provided for the delivery of the programme and to retain your details on our database. HCF will need to share this information with your allocated trainer(s). If you are accepted, information will be shared with the funder for monitoring purposes. Your data will not be passed onto any other third parties. It will be held until such time when you request that it is removed or HCF chooses to remove it.

I give permission to be contacted by:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone |  | Mail |  | E-mail |  |

**Staying in touch:** Tick here if you wish to receive HCF newsletters (all circulated by e-mail):

|  |  |  |  |
| --- | --- | --- | --- |
| HCF News (grants, events etc.) |  | HCF Training and Development News |  |