



COSCA (Counselling & Psychotherapy in Scotland)
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THE BOARD OF COSCA
(COUNSELLING & PSYCHOTHERAPY IN SCOTLAND)

LAY REPRESENTATIVE APPOINTMENT APPLICATION FORM

PERSONAL DETAILS

Form with fields for Name, Address, Post Code, Email, Telephone (Daytime), and Telephone (Evenings).

ELIGIBILITY CHECKLIST

Please tick the boxes below that apply to you.

- Checklist items: I am over 18 years of age, I have never been convicted of any offence involving dishonesty or deception, I have not been convicted of a crime and sentenced within the last 5 years, I have never been made bankrupt nor made a composition with creditors, I have been made bankrupt (or made a composition with creditors) but was discharged in respect of it on (please enter date), I have never been disqualified from being a company director, I have never been removed from office as a charity director on the grounds of misconduct or mismanagement, I am, in light of the above, not disqualified by The Charities and Trustee Investment (Scotland) Act 2005 Section 69, from acting as a charity director

CONFLICTS OF INTEREST

Please list any potential conflicts of interest that you are aware of.

EXPERIENCE

Have you ever been a charity director or trustee before? (If yes, please give details.)

SUPPORTING STATEMENT

- Please provide a supporting statement, clearly outlining how you meet the requirements of a Lay Representative on COSCA's Board. Please continue on a separate sheet if necessary (maximum 2 pages)
- Please refer to the Lay Representative Job Specification in Application Briefing Pack and demonstrate how you meet the required criteria.

DECLARATION OF WILLINGNESS TO BE APPOINTED

I declare that the information I have given is true and correct. I am aware that the information given above will be made available to the interview Panel, and, if necessary, to the COSCA Board.

Print Name:	
Signature:	
Date:	

REFERENCES

Please provide us with the names and contact details of at least two referees who are willing to submit a reference in support of your application. Please note that we cannot accept references from family members.

Name of Referee	Name of Referee
Relationship	Relationship
Company/Organisation	Company Organisation
Telephone	Telephone
Email	Email
Address	Address

In completing this form, please refer to the Application Briefing Pack. If you require this form in large font, please contact the COSCA office.