



Thank you for your interest in joining the Women's Programme as part of Effective Board Member with The Governance Forum. Please complete the following form and return to the Programme Co-ordinator before the deadline provided. We recommend that you use the Participant Guide to assist with the completion of this form.

## Section A:

### 1. Personal Details

Applicant Details	
Title: Choose an item. (If 'Other', please specify):	
Forename(s):	
Surname:	
Address:	
	Post Code:
Date of Birth:	
Telephone No:	Mobile No:
Contact Email Address:	
Twitter:	

### 2. Employment Status

Current Employment		
<input type="checkbox"/> Full Time Employed	<input type="checkbox"/> Part Time Employed	<input type="checkbox"/> Self Employed
<input type="checkbox"/> Full Time Study	<input type="checkbox"/> Part Time Study	<input type="checkbox"/> Unemployed

Current Employment Details (If Applicable)
Employers Name:
Industry/Sector:
Address:

	Post Code:
Job Title:	
Time in Position:	Years [    ]    Months [    ]

**3. Governance Experience**

Current/Recent Governance Role (If Applicable)	
<input type="checkbox"/>	<input type="checkbox"/> Governance Consultant /Speaker/Trainer
<input type="checkbox"/> Non-Executive/ Board Member / Trustee	<input type="checkbox"/> Employee
Time in Position:	Years [    ]    Months [    ]

Board Appointments (Most Recent First)			
Organisation	Position	Date From	Date To

### Pen portrait

#### 4. Declarations

Please note these details are required to establish eligibility to serve on a Board as a Trustee or director, and to become a member of ACGP. See Participant Guide for details.

#### Mandatory Declarations

Have you been convicted or found guilty by a Court of any offence, excluding parking but including all motoring offences (even where a spot fine has been administered by the Police), in the UK or elsewhere? NOTE: This does not apply to convictions which have been 'spent' under the Rehabilitation of Offenders Act 1974.  Yes  No

Have you been the subject of adverse finding by any professional body or regulator; or been refused entry to any profession or occupation, in the UK or elsewhere?  Yes  No

Have you been declared bankrupt by a Court, in the UK or elsewhere, or had any County Court Judgements against you?  Yes  No

Have you had a disqualification order made against you by a Court or been required to give a disqualification undertaking under the Companies Directors Disqualification Act 1986 or similar, in the UK or elsewhere?  Yes  No

Have you entered into an Involuntary Arrangement or similar composition?  Yes  No

Do you have any proceedings, whether criminal or civil, now pending or threatened against you following an affirmative answer to the above questions?  Yes  No

### Member Declaration

I agree for my details to be shared with other members on the ACGP Portal **Yes**  **No**

I confirm that I have read, understood and agree to the Code of Conduct **Yes**  **No**

I hereby agree to become a member of the Association of Corporate Governance Practitioners (ACGP) for a period of 12 months following graduation of the Programme and to be bound by the ACGP Member's Code of Conduct during this period.

I confirm that the information contained in this form is true, accurate and complete to the best of my knowledge and belief. I understand that any false or misleading statement in this form could lead to revoking of my membership. I also promise to notify ACGP in the future of any changes in my circumstances in relation to personal details and mandatory declarations.

<b>Signature:</b>
<b>Print Name:</b>
<b>Date:</b>

### 5. Billing Information

The billing details is the same as the address provided in 'Applicant Details' **Yes**  **No**

Billing Details	
Name:	
Address:	
	Post Code:

### 6. Sponsorship (Cardiff programme only)

Do you wish to apply for sponsorship to subsidise the programme cost? **Yes**  **No**

Is your application dependent on receiving a subsidised place? **Yes**  **No**  **Maybe**

### 7. Pre-Submission Check

I confirm that I have:

- Checked that I have completed the Application Form in full (sections 1 to 6);
- Read, signed and dated the ACGP Members Declaration, ticking where appropriate (section 7).
- Checked that I have provided the correct billing details (section 9).

**Section B:**

**1. Equality and Diversity Monitoring**

Equality and Diversity Characteristics	
Gender: Choose an item.	Gender Reassignment: Choose an item.
Sexual Orientation: Choose an item.	Age Range: Choose an item.
Ethnic Origin: Choose an item.	(If 'Other', please specify):
Religious Belief: Choose an item.	(If 'Other', please specify):
Disability: Choose an item.	Access Requirements: