

# Application for Chairperson of Imtac



## Completing this application form

This application form is available in alternative formats including an easy read version accessible to people with learning disabilities. You may also submit your application in your preferred format (for example in audio format) as long as all questions are answered. Alternatively, you can complete the form over the telephone/textphone.

If you need any assistance with the form please contact :

Michael Lorimer

Tel/textphone : 028 9072 6020

Email : [info@imtac.org.uk](mailto:info@imtac.org.uk)

This application form has 3 sections. Please read each page carefully and make sure you answer every question. You can continue any answer on separate sheets if you wish, but you must clearly mark each sheet with your name and the part of the form that it relates to. If hand written please use black ink.

Postal applications must be submitted by 5pm on **Thursday 20<sup>th</sup> February 2025** to the following address:

**Imtac  
Titanic Suites  
55-59 Adelaide Street  
Belfast  
BT2 8FE**

Applications can also be emailed to [info@imtac.org.uk](mailto:info@imtac.org.uk) by the same date and time.

## **Section One : Personal Details**

Title (Mr/Mrs/Miss/Ms/Other – please specify

Surname

First Name

Contact address

Telephone/Textphone Number

Mobile Number

Email address

How would you like us to contact you (please specify):

## **Section Two – Essential skills, knowledge and experience**

**It is very important that you answer all the questions in Section 2 fully. Please read the guide sent as part of the application pack before you answer these questions.**

- 1** Tell us about your knowledge of transport issues that affect Deaf people, disabled people or older people.

It is important you tell us about how you gained this knowledge and give specific examples about the barriers / difficulties experienced by Deaf people, disabled people and older people.

- 2 The Chairperson and members of Imtac are required to represent the best interests of all Deaf people, disabled people and older people. This means that members are required to place the broader interests of Deaf people, disabled people and older people before personal interests or the interests of organisations they may be involved with.

Please give us examples where you have worked with other people including Deaf people, disabled people and older people.

- 3 The Chairperson is expected to spend 25 – 30 hours per month on Imtac work. Are you able to meet this time commitment?

**Yes**

**No**

**The Chairperson must also have skills, knowledge and experience in the following 2 areas:**

- 1 You must be able to demonstrate an ability to think strategically about the long term impact of Imtac. This may have been gained in performing a similar type of role for another organisation.
- 2 You must be able to demonstrate previous experience of all aspects of managing a committee including chairing meetings, managing the business of a committee and managing the work of a secretariat.

Please tell us about your skills, knowledge and experience in these 2 areas. It is important that you give specific of examples.

## **Section Three – Other issues**

### **Interviews**

If required we plan to hold interviews during March 2025 Please indicate any dates when you are **not** available

We will ensure that any interview process is accessible and safe. Please let us know if you have particular requirements for an interview.

### **How you heard about us?**

We want our recruitment to be open and accessible to as many people as possible. To help us do this we would be grateful if you could tell how you heard about becoming a member of Imtac.

### **Conflict of Interest**

Please give details below of any business or other interests or any personal connections which you may think we need to be aware of. Any potential conflicts of interest detailed here will not prevent your application being considered.

### **Declaration**

I declare that the information given on this application is complete and correct to the best of my knowledge. If there is any change to my circumstances that affect the answers I have given I will tell IMTAC about this immediately.

### **Signed**

### **Date**

You can nominate a representative to sign this declaration on your behalf if applicable.

## **Privacy Policy**

Imtac has a Privacy Policy detailing how we will manage and protect personal information about our members and people applying for membership of Imtac. The policy can be viewed via the following link -

<https://www.imtac.org.uk/publications/imtac-privacy-statement>.

Are you content we hold the information in this application in line with our Privacy Policy.

## **COVID-19**

Imtac recognises the ongoing impact of COVID-19 on disabled people and older people. We continue to take steps to minimise risks to our members and others. All of our face-to-face meetings are hybrid with members having the option to attend remotely if this suits better.