

Trustee Form

Personal Details

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| **Full Name** |  |
| **Address** |  |
|  |
| **Post Code** |  |
| **Home Phone Number**  |  |
| **Mobile Number** |  |
| **Date of Birth** |  | **Email** |  |

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| **Section B** |
|  To comply with Charity Commission requirements, please complete the following section.**Please note only relevant information included in Section A and the personal statement will be made available publicly.** |
| Are you 18 or over? | Yes No |
| Date of birth: |  |
| Are you a resident in the United Kingdom? | Yes No |
| Your nationality: |  |
| Your occupation: |  |
| Have you ever been convicted of a criminal offence involving fraud or dishonesty? | Yes No |
| Have you ever been removed by the Charity Commission from office as a charity trustee?  | Yes No |
| Have you been subject to a disqualification order under the Company Act 2006 or the Insolvency Act 2000 | Yes No |

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| **Section C****Please provide a short Personal Statement about why you would like to become a trustee detailing the relevant skills and experience ( including past work with charities) that you can bring to this role.** . |
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References

In order to protect our clients, we need to ask you to provide details of two referees who are not directly related to you by blood or by marriage and who have known you for at least two years.

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| **Full Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Contact Number** |  |
| **Email address if available** |  |

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Contact Number** |  |
| **Email address if available** |  |

Personal Declaration

I hereby apply to start the process to become a trustee for the Bristol After Stroke.

I agree to abide by all Bristol After Stroke’s policies and guidelines and understand that I have

a responsibility for my own and others Health & Safety while volunteering with the charity. If accepted,

I will abide by the principles of volunteering outlined in the charity’s Volunteer Role Description and

policies. I agree that Bristol After Stroke may hold and use the data on this form for the

purposes of administering and supervising my work with the charity and that such data may be available

to those who reasonably need to know the same within the charity.

Print Name………………………………………………………………………………………………………………….

Signature……………………………………………….. Date…………………………………………………………