

Trustee Application Form

Confidential

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Title:	Surname:	
First Name(s):		
Address:		
Addiess.		
Postcode:	Landline:	
Date of Birth:	Mobile:	
Email address:		
Referees: Please provide conta	ct details of two professional people you are not related to.	
Name:	Name:	
Job Title:	Job Title:	
Address:	Address:	
Telephone:	Telephone:	
Email address:	Email address:	
Declaration:		
There are legal restrictions on who r	nay be a charity Trustee:	
 I am over the age of 18 		
I am not a discharged bankru	upt .	
 I do not have an unspent cor 	viction for an offence involving deception or dishonesty	
	n a Trusteeship of a charity by the Court or the Commissioners for	
 misconduct or mismanageme I have not been disqualified u 	ent under the Company Directors Disqualificaion Act 1986	
·	·	
I confirm that I have read and undersand agree to abide by these requires	stood Age UK Leicester Shire & Rutland's Trustee Code of Conduct ments.	
Signed:	Dated:	
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Please indicate which of the following skills or experience you could bring to the Board.

P/S

Please indicate against each relevant area if this is your principle skill, by writing 'P', or a secondary skill where you have experience, by writing 'S'.

Skill/Experience:

P/S

Strategic Leadership	Financial/Accounting	Financial/Accounting	
PR/Marketing	Income Generation/Fundraising	Income Generation/Fundraising	
Legal/Charity Law	Health/Wellbeing/Geriatrician	Health/Wellbeing/Geriatrician	
Social Care	Human Resources/Learning & Development		

Data Protection Consent

Skill/Experience:

In accordance with the Data Protection Act 1998, the information provided on this form will be used in the recruitment and selection process and may be disclosed to all those who need to see it. It will also form the basis of the confidential personnel record of the successful candidate. In the case of unsuccessful candidates, the information will be destroyed after twelve months. In addition, it will be held on a database and used for equal opportunities monitoring purposes.

I confirm that I do not object to the information collected on this form being transferred onto computer for the purposes stated above, in accordance with statutory requirements and for the basis of compiling.

Signed:	 Date:	