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# *Supporting Independence & Wellbeing*

# Trustee Application Form

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| How did you hear about us? | | | | | | | | Date | |
| Title | First Name(s) | | | | | | Last Name | | |
| Address    Postcode : | | | | | | | | | |
| Telephone No. | | Mobile | | | Email | | | | |
| Gender:  Date of Birth: | | | | Preferred method for communication    Telephone / email / letter | | | | | |
| To reduce our environmental impact, we normally circulate Board papers by email (this can include Word, Excel and pdf formats). If you would prefer to receive hard copies by post, please tick here 🞎 | | | | | | | | | |
| **Ethnic Group** | | | | | | | | | |
| White British 🞎 | | | Black British 🞎 | | | White Irish 🞎 | | | White European 🞎 |
| Black Carribean 🞎 | | | Black African 🞎 | | | Other Black 🞎 | | | Other White 🞎 |
| Indian 🞎 | | | Pakistani 🞎 | | | Bangladeshi 🞎 | | | Other Asian 🞎 |
| White & Black 🞎  Caribbean | | | White & Black 🞎  African | | | White & Black 🞎  Asian | | | Chinese 🞎 |
| Other 🞎 Please specify | | | | | | | | | |

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| **Why you would like to apply for the position of trustee with AUKS** |
| **Brief Employment History. If you have a CV, please include it with this form.** |
| **Relevant expertise**   1. **Please provide any further information, including relevant memberships, board level positions, qualifications held or other relevant expertise which you feel may be relevant to this application.** |

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| **Please give the names and addresses of two referees. At least one should be a previous employer/professional person. (No relatives can be accepted).** | |
| Name: | Name: |
| Address | Address |
| Tel No: | Tel No: |
| Email Address: | Email Address: |
| Capacity in which known: | Capacity in which known: |

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| **DECLARATION**  I declare that: (\* please delete as appropriate):   * I am / am not\* an undischarged bankrupt * I have / have not\* previously been removed from trusteeship of a charity by a Court or the Charity Commission * I am /am not\* under a disqualification order under the Company Directors’ Disqualification Act 1986 * I have / have not\* been convicted of an offence involving deception or dishonesty (unless the conviction is spent) * I am / am not\*, in the light of the above, disqualified by the Charities Act 1993 (Section 72) from acting as a charity trustee * If my application is successful, I agree to my appointment as a Member and Director/Trustee of Age Concern Southampton   I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information my application may be disqualified or, if I have already been appointed that appointment may be revoked.  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_ |
| Thank you for completing this application form and for your interest in becoming a Trustee with Age UK Southampton  This form should be marked ‘Confidential’ and returned to:-  Peter Bennie,  Chief Officer  Age UK Southampton,  1 Saxon Gate,  Back of the Walls,  Southampton SO14 3HA  [peter.bennie@ageuksouthampton.org.uk](mailto:peter.bennie@ageuksouthampton.org.uk)  *Please note that all data will be held in the strictest confidence and in compliance with the General Data Protection Regulation 2018 and will only be used for the purpose of selection of trustees.* |