**Trustee Board Application Form**

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| --- | --- |
| First Name: | Surname: |
| Title: MrMsMrsMissDr |  |
| Tel: | Mobile: |
| Email: | |
| Address: | |
|  | |
|  | Postcode: |
| Please tell us what work (paid or voluntary) you have done in the past with a summary of your key responsibilities and the scope of the roles (continue on a spare sheet if necessary). If you would prefer you can attach a CV. | |
|  | |
| Please give details of any past or current professional qualifications and/or memberships | |
| Please tell us how you could meet the requirements for this post as described in the Role Description, and add any supporting information | |
| What approximate time commitment could you give? You will probably need to give around 5-10 hours per month on average during the year. | |
| What has motivated you to become a member of a Trustee Board? | |
| **ELIGIBILITY**  The Charities Act 1993 disqualifies some people from acting as charity trustees. Broadly speaking this covers;   * Anyone who has been convicted of an offence involving deception or dishonesty, unless the conviction is spent * Anyone who is an undischarged bankrupt * Anyone who has previously been removed from trusteeship of a charity by the courts or the Charity Commissioners * Anyone disqualified under the Company Directors Disqualification Act 1986 * Anyone who has failed to make payments under county court administration orders * Anyone who has made compositions (i.e. come to an arrangement) with their creditors and has not yet been discharged | |
| Does any of the above criteria apply to you? Please indicate Yes  No | |
| How did you hear about Shropshire Citizens Advice | |
| REFERENCES  Please give the names and addresses of two people, other than your family, who can tell us about your suitability for this role. We will only approach them if we ask you to join us as a trustee. | |
| **First Referee**  Name:  Address:  Email:  Telephone: | **Second Referee**  Name:  Address:  Email:  Telephone: |
| Signature: | Date: |

Please send your completed application to:

Chris Boote, Shropshire Citizens Advice at chrisboote@cabshropshire.org.uk

**Shropshire Citizens Advice (CAS)**

**Equal Opportunities Monitoring**

If you would be kind enough to complete this section it would be helpful for our records. This information will be kept confidential within CAS and will not be disclosed to a third party

Our volunteers come from a range of backgrounds, and we particularly welcome applications from disabled people, people with physical or mental health conditions, LGBT+ and non-binary people, and people from Black Asian Minority Ethnic (BAME) communities.

|  |  |  |
| --- | --- | --- |
| What is your ethnic group? Please choose one section and tick the appropriate box from those below | | |
| **WHITE** | **MIXED** | **ASIAN, ASIAN BRITISH** |
| British | White & Asian | Bangladeshi |
| Irish | White & Black African | Indian |
| Any other White background | White & Black Caribbean | Pakistani |
| (please write in below) | Any other mixed background | Any other Asian background |
|  | (please write in below) | (please write in below) |
|  | | |
| **BLACK, BLACK BRITISH** | **CHINESE, CHINESE BRITISH** | **ANY OTHER BACKGROUND** |
| African | Chinese | Any other |
| Caribbean |  | (please write in below) |
| Any other Black background |
| (please write in below) |  |
| Do you have a disability that you would like us to know about? | | |
| Please tick your age category 18 –24  25 – 39  40 – 59  60+ | | |