

**Trustee Application Form**

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| **Title**  |  | **Name**  |  |
| **Address**  |  |
| **Postcode**  |  |
| **Telephone**  | **Mobile**  |  |
| **Work**  |  |
| **Email**  |  |
| **Occupation**  |  |
|  |
| **What skills can you bring to the Board of Trustees?** **(Please put X)** | **Human Resources** |  | **Marketing / PR** |  | **Finance / Accounting** |  |
| **Fundraising** |  | **Education**  |  | **Legal**  |  |
| **Medical**  |  | **Safeguarding** |  | **Women’s Health** |  |
|  | **Other** |  |
|  |
| **Please tell us why you would like to be a trustee of Menstrual Health Project, and how you think your skills and experience will help you in the role:**  |
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| **Please give details of one or two people who would be willing to provide a reference:**  |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Postcode:** |  | **Postcode:** |  |
| **Telephone:** |  | **Telephone:** |  |
| **Email:**  |  | **Email:**  |  |

**Trustee applicant’s declaration of eligibility:**

I declare that:

* I am over age 18.
* I am not an undischarged bankrupt.
* I have not previously been removed from trusteeship of a charity by a Court or the Charity Commission.
* I am not under a disqualification order under the Company Directors' Disqualification Act 1986.
* I have not been convicted of an offence involving deception or dishonesty (unless the conviction is spent).
* I have not entered a composition or arrangement with creditors, or have an individual voluntary arrangement (IVA) and I am not on the Insolvency Service Register
* I undertake to fulfill my responsibilities and duties as a trustee of MHP in good faith and in accordance with the law and within MHP objectives/mission and Code of Conduct for trustees.
* I do not have any financial interests in conflict with those of MHP (either in person or through family or business connections) except those that I have formally notified in a conflict of interest statement. I will specifically notify any such interest at any meeting where trustees are required to make a decision which affects my personal interests, and I will absent myself entirely from any decision on the matter and not vote on it.
* I have read the Charity Commission guidance on Automatic Disqualification and this does not apply to me

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| Signature: |  | Date: |  |