Diagram

Description automatically generated with medium confidence

**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:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **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

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |