**Perth Citizens Advice Bureau (CAB)**

**Trustee Board Application Form**

If you are interested in becoming a Trustee of Perth CAB or would like more information, please complete the short application form below.

Save your completed form and email it to: Jane.Adams@perthcab.casonline.org.uk

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| First Name:      | Surname:      |
| Title: Mr[ ] Ms[ ] Mrs[ ] Miss[ ] Dr [ ]  |
| Tel:      | Mobile:      |
| Email:      |
| Address:      |
|       |
|       | Postcode:      |
| Describe any charity or voluntary work 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) |
|       |
| Please give details of any qualifications and/or memberships      |
| Do you have any relevant financial or legal experience? Please give brief details      |
| What approximate time commitment could you give? Trustees are asked to provide approx. 4 hours per month including .Please describe your time availability:      |
| What has motivated you to want to become a member of the Trustee Board?      |
| **ELIGIBILITY**No-one under the age of 18 can be appointed as a charity trustee The Charities Act 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 [ ]   |

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| How did you hear about Perth CAB Service?      |
| **REFERENCES**Please give the names and addresses of two people, other than your family, who can tell us about your suitability for this role |
| First RefereeName:Address:EmailTel No. | Second RefereeName:Address:EmailTel No  |
| Signature:      | Date:      |