**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](mailto:Jane.Adams@perthcab.casonline.org.uk)

|  |  |
| --- | --- |
| First Name: | Surname: |
| Title: MrMsMrsMissDr | |
| 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 | |

|  |  |
| --- | --- |
| 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 Referee  Name:  Address:  Email  Tel No. | Second Referee  Name:  Address:  Email  Tel No |
| Signature: | Date: |