

Braintree District Museum Trust Trustee Application

PRIVATE & CONFIDENTIAL

Personal Details

Dr/Mr/Mrs/Miss/Ms: First names: Surname:	Maiden and other names:
Address: Postcode:	Home telephone: Business telephone: Email address:

Personal Statement

Explain why you would like to be appointed as a Trustee and any relevant skills and expertise to contribute to the success of the Charity:

Career History

Name and address of current and recent employers	From	To	Brief role description

Voluntary Organisations

Please give details of any other positions on voluntary or public organisations you have or currently undertake.

Disqualification from acting as a Trustee

A person is disqualified from acting as a trustee if they fall under any of the following provisions, detailed in section 72 (1) of the Charities Act 1993:

- People under the age of 18, unless the charity is a registered company;
- Anyone 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 Court or the Commissioners; and
- Anyone who is under a disqualification order under the Company Directors Disqualification Act 1996.

I confirm that I have not been disqualified from acting as a director and/or a Trustee.

Conflicts of Interest

Please detail any potential conflicts of interest including commercial, professional or personal relationships to staff, Trustees or the activities of the Trust.

Safeguarding

Please confirm that you would be willing to submit to a DBS check after your appointment.	Yes/No
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References

Give names, addresses and telephone numbers of two referees.

Name: Organisation: Address:	Name: Organisation: Address:
E-mail: Tel:	E-mail: Tel:

Interview

Please specify any special interview arrangements.

All applicants are treated equally regardless of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Declaration

To the best of my knowledge the above facts are a true statement. I accept that providing deliberately false information could result in my removal as a Director or Trustee.

Signed: Date:

This form should be returned to:

Sheila Charrington, Chairman, Braintree District Museum Trust, Warner Textile Archive, Silks Way, Braintree, CM7 3GB. museum.info@bdmt.org.uk