



Brent Carers Centre
Willesden Medical Centre
144-150 High Road, Willesden, NW10 2PT
Tel: 020 3802 7070
www.brentcarerscentre.org.uk
info@brentcarerscentre.org.uk
Registered Charity number 1066691
Company Limited by Guarantee 3354038

EXPRESSION OF INTEREST IN BECOMING A TRUSTEE

Personal details	
Surname:	First name:
Address:	
Post code:	
Contact Telephone No.:	
Email address:	

My reasons for wishing to serve as a Trustee on the Management Board are:

Skills and experience which I could bring to the Board are:
<p><i>Please include any skills, qualities or experience you have. We believe that everyone has something to offer, so please do include life experiences such as caring for a relative, experience with a particular community or age group, etc. Also, include work experience such as finance, health and safety, HR, training and knowledge of the voluntary sector.</i></p>



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KNOWLEDGE AND EXPERIENCE OF CARING

Please provide any information about your direct experience or knowledge of caring. As Brent Carers Centre is committed to representing people who are currently carers please indicate clearly if this is the case.

ASSISTING CURRENT CARERS TO BECOME A TRUSTEE

If you are currently a carer please indicate any particular considerations which could assist your ability to undertake the role of a member of the Board of Brent Carers Centre. This could include practical considerations about attending meetings.

POTENTIAL CONFLICT OF INTEREST

Please indicate any considerations which could give rise to potential conflicts of interest. These could include the following: membership of the Board of another local charity, a relationship to a member of staff or senior officer of Brent Council or NHS Brent. Please note that such considerations do not preclude appointment to the Board of Brent Carers Centre rather such knowledge enables Brent Carers Centre to discharge its legal responsibilities with full accountability. If none apply please write 'NONE'.

DECLARATION OF ELIGIBILITY TO BECOME A TRUSTEE

I declare that I am not disqualified from acting as a charity trustee. Please tick to confirm and agree each statement below.

If there are any statements you cannot "tick to confirm" please provide details attached to this application form.

- I do not have an unspent conviction relating to a criminal offence
- I am not an undischarged bankrupt
- I am not subject to a disqualification order under the Company Directors Disqualification Act 1986 or to an order made under section 429(b) of the Insolvency Act 1986
- I have not been removed from trusteeship of a charity by the Courts or the Charity Commissioners on the grounds of any misconduct or mismanagement
- I am not subject to a disqualification order under the Criminal Justice and Court Services Act 2000
- I am not disqualified under the Protection of Vulnerable Adults List.



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References

Please provide details of two people who have known you for at least 3 years, whom we may contact for references. We will only take up references with your agreement.

<p>1. Name:</p> <p>Organisation (if applicable):</p> <p>Address:</p> <p>Telephone no.:</p>	<p>Job title/relationship to you:</p>
<p>2. Name:</p> <p>Organisation (if applicable):</p> <p>Address:</p> <p>Telephone no.:</p>	<p>Job title/relationship to you:</p>



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DECLARATION AND SIGNATURE

I declare that the above information is correct to the best of my knowledge and I understand that any declaration which is demonstrated to be false is liable to result in the rejection of my application or, if occurring subsequent to my appointment, is liable to lead to my dismissal from the Board.

SIGNED:

(signed by the Applicant)

DATED:

WHAT TO DO NEXT ?

Please email this completed form to Irene Lewis: i_lewis_00@yahoo.com.

Thank you for your interest in becoming a Trustee. We will be in touch as soon as possible.