



***APPLICATION FOR THE POST OF TRUSTEE***

**PERSONAL DETAILS**

Mrs / Miss / Ms / Mr / Other ..... (delete as appropriate)

First names: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email (home): \_\_\_\_\_

Email (work): \_\_\_\_\_

**How did you hear about this vacancy?** Please State \_\_\_\_\_

**VERIFICATION OF EMPLOYMENT, VOLUNTEER OR EDUCATION RECORD/REFERENCES**

Please give names and addresses of two people who can support your application to become a trustee. If employed one referee should be your present employer.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Having read the Trustee job description and Trustee Person Specification please let us know why you would like to be one of our trustees?

(continue on separate sheet if required)

Please give details of any qualifications/or experience skills that you have may be of relevance to being a trustee

Membership of professional bodies

*Please return this form to :*

Sheffield Town Trust  
Commercial House  
14 Commercial Street  
Sheffield  
S1 2AT

Telephone No:0114 2722061

[www.sheffieldtowntrust.org.uk](http://www.sheffieldtowntrust.org.uk)

All trustees will be asked to complete a Criminal Records Bureau check and ISA Registration if applicable.

**DECLARATION**

I declare that to the best of my knowledge the information given in this application is correct.

I declare that I am not:

- (a) bankrupt
- (b) prohibited from being a trustee by reason of Section 72 of the Charities Act 1993 or any order made under any provision of the Act or any other statute or otherwise becomes prohibited by law from being a member of the Council; or
- (c) prevented from carrying out the duties of a Trustee by any physical or mental condition or disability.

Signature \_\_\_\_\_

Date \_\_\_\_\_