

Application for the post of Trustee

Name
Address
Telephone number
Email address
How would you prefer to be contacted?

Referees

Please supply 1 professional and 1 character referees	
<u>Name</u>	<u>Name</u>
<u>Organisation</u>	<u>Organisation</u>
<u>Email Address</u>	<u>Email Address</u>
<u>Relationship</u>	<u>Relationship</u>

Summarise why you want to be a trustee, how you would contribute to the work of Hospice of the Valleys and what you hope to gain from the experience.

Have you ever had any experience of working with a charity or as a volunteer, including other trustee roles? If yes, please give details.

Please indicate against each relevant area what level of experience you have:

	High	Medium	Low
Finance/Accounting			
Strategic Planning			
HR			
Clinical			
Policy & Process			
Marketing			
Fundraising			
Change Management			

Please expand on the experiences that you indicated as 'high' above.

Please outline below any other skills and experience you feel you are able to contribute to the role of trustee at Hospice of the Valleys. Please consider the work of our organisation and the roles and responsibilities of charity trustees.

Please list any possible conflicts of interest you think could be relevant.

Declaration

I declare that the information supplied on this Application Form is true and accurate and authorise you to contact the two referees named above for any further information you may require in relation to my application

Signed

PrintName:

Date:

Completed forms should be returned to: grant@hospiceofthevalleys.com