**Application for Election as a Trustee**

**of the Vocational Rehabilitation Association (VRA) 2021-22**

Part one - Applicant’s details

First Name\*

Middle name(s)

Last Name\*

Phone

Mobile

Email

Home address

Job Title\*

Organisation\*

Address

Date of birth

Nationality

**Part 2 - About yourself and your interest in the VRA**

Why would you like to be considered to be a Trustee? \*

What experience and expertise do you believe you would bring to the role?\*

Please tell us what other Trusteeships, Directorships or other positions you currently hold\*.

Please tell us a bit more about these roles including your current employment and both paid and voluntary work \*.

**If elected as a Trustee I wish to offer my services as, (delete as required).**

Chair Yes No

Vice Chair Yes No

Treasurer Yes No

**Part 3 - Declaration**

I declare that:

* I am a fully paid up member of the VRA and wish to apply for appointment as a Trustee of the Vocational Rehabilitation Association.
* I am not disqualified from acting as a charity trustee.
* I have not been convicted of an offence involving deception or dishonesty (**or** any such conviction is legally regarded as spent).
* I have not been involved in tax fraud.
* I am not an un-discharged bankrupt.
* I have not made compositions or arrangements with my creditors from which I have not been discharged.
* I have not been removed from serving as a charity trustee, or been stopped from acting in a management position within a charity.
* I have not been disqualified from serving as a Company Director.
* I will do my best to ensure that charity funds and tax reliefs are used only for charitable purposes.
* I will ensure any conflicts of interest are declared in line with the VRA’s Conflicts of Interest Policy.
* I have read [HMRC’s guidelines](https://www.gov.uk/government/publications/charities-fit-and-proper-persons-test/guidance-on-the-fit-and-proper-persons-test) on “Fit and Proper Persons”.

Name

Date

*If you want to make any information known or clarify any points please discuss them with the Chair initially.*

Part four: Proposer’s Details and Recommendation

First Name\*

Middle name(s)

Last Name\*

Phone

Mobile

Email

Home address

Job Title\*

Organisation\*

Address

I am a fully paid up member of the VRA and support this application for election as a Trustee/Officer of the Vocational Rehabilitation Association (VRA) for the following reasons\*.

**Part 5 - Checklist**

Please confirm that you have:

 completed parts 1-3 yourself; and

 had part 4 including a statement of support completed by your proposer who must also be a member of the VRA

**Nominations must be submitted by email to** enquiries@vrassociation.org.uk

**to arrive no later than 5.00pm on Monday 11th January 2020**