Trustee Application Form

Please type or complete in black pen.

Title: **First name:** **Surname:**

Address:

Telephone No. (home): **Telephone No. (mobile):**

E-mail:

Have you competed voluntary work before? ❑Yes ❑No

If yes, please give details:

Please tell us your knowledge and experience of supporting people with learning disabilities and autism, and their families?

If yes, please give details:

Why would you like to become a Trustee?

What interests you about Merton Mencap?

Please tell us about your skills, experience or knowledge which would benefit the organisation:

Please tell us the areas of work you which particularly interest you:

How much time do you have available for this role?

Please tell us if you are available for specific hours / days / weeks / months?

We require all our volunteers, including Trustees, to understand safeguarding, good health and safety practice, equal opportunities, and confidentiality and we will require you to take part in training (approx. 5 hours, renewed every 2 years).

Could you make time available for this?

Is there any other training which you would hope we could provide?

I declare that to the best of my knowledge the information provided by me in this form and any accompanying documents is true and correct. The information on this form may be processed in accordance with the Data Protection Act 1998.

Signed: **Date:**
(by the applicant)

Thank you for completing this application form. All information will be treated as confidential.

Please return this form, together with the 'DBS Self-Disclosure Form' and 'Equal Opportunities Monitoring Form', in either of the following ways:

By post:

Andrew Whittington, CEO
Merton Mencap
Chaucer Centre
Canterbury Road
Morden SM4 6PX

By email:

Chief.executive@mertonmencap.org.uk