**Trustee Nomination Form**

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| --- | --- | --- |
| Name: |  | |
| Contact Details: | Telephone: |  |
| Email: |  |
| Postal address: |  |
| Nominating Organisation (if applicable): |  | |

**Supporting Statement for Nomination:**

Please outline below the skills, knowledge and experience you will bring to the role of Trustee of Care for the Carers – please read the Job Description and Person Specification carefully before completing this section, as this statement will be used to select candidates against these criteria.

If you are a carer, please tell us about your caring role. Successful candidates will seconded to the Board, and appointments will be ratified at the AGM on 9th December 2021.

[maximum 500 words]

|  |  |
| --- | --- |
| Are you a carer, or do you have experience of caring? If yes, please tell us about your caring role. | [maximum 100 words] |
| Is there any conflict of interest that you wish to declare? | [maximum 50 words] |
| Are you able to attend an informal interview with Trustees? | **Yes/No** [To be arranged for a mutually convenient time, and usually online, via MS Teams. We recognise that nominees may have caring or work commitments that may make this difficult, and if needed we will organise an alternative way to discuss the role where possible.] |
| Are you able to attend our AGM on the 9th December 2021? | **Yes/No** [We recognise that some nominees may need to give apologies, and will support alternative involvement where possible.] |

This role is subject to an enhanced DBS check and two references. Please provide details of two referees – succesful candidates will be asked to complete the DBS check prior to appointment.

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|  | **Referee 1:** | **Referee 2:** |
| **Name:** |  |  |
| **Address:** |  |  |
| **Telephone:** |  |  |
| **Email:** |  |  |
| **Organisation:** |  |  |
| **Title:** |  |  |
| **How does this person know you?** |  |  |
| **Are you happy for us to seek references prior to the AGM?** | **Yes/No** | **Yes/No** |

***I have read and fully understand the role of a Trustee and what I can and cannot do in my role.***

**Signature: Date:**