



Keighley Healthy Living

13 Scott Street, Keighley, BD21 2JH
Tel: 01535 677177, Email: admin@khl.org.uk

Application for Trustee or Advisor to KHL

Following completion of this form, please return to the address above

Personal Details:

Title:	
Surname:	
First name(s):	
Date of Birth:	
Address:	
Tel:	Mob:
Email:	

Please specify why you would like to be a Trustee or an Advisor:

Please tell us about your skills and experience relevant to this role:

Please state times and dates that you are available and availability to commit to monthly trustee meetings?

References:

Please give the name, address and telephone number of 2 referees, who have known you for one year or more and who can comment on your suitability for this role.

Name:

Name:

Relationship to volunteer:

Relationship to volunteer:

Address:

Address:

Tel:

Tel:

Email:

Email:

Rehabilitation of Offenders Act 1974 (Exemptions Order 1975)

The nature of the work you are applying for may involve direct contact with vulnerable people and we are obliged to ask you, in connection with this application, to disclose any convictions you may have. Under the conditions of the above Order you are not entitled to withhold information about convictions which might otherwise be regarded as 'spent'. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action. Please note that this information is mandatory if you are working with children under 18 and vulnerable adults. We reserve the right to make further enquiries, if necessary, in order to determine your suitability and to protect our clients.

Please give detail of any convictions on a separate paper – this will be treated as strictly confidential.

Would you be willing to take a Criminal Record Check? Yes/No

I declare that the information I have given is correct to the best of my knowledge.

Signed:

Date:

Name:
(Print Name)