

Trustee application form



Full name, including preferred title	
Pronouns (optional)	
Address	
Best contact number	
Mobile, if different	
Email address	
Please tell us a little about your experience of or interest in pregnancy loss.	
Please tell us why you are interested in becoming a Trustee of the Miscarriage Association and give details of any work, voluntary or life experience you think may be relevant.	
Please tell us about any previous relevant experience (eg. training, qualifications, volunteering, or paid work).	
Do you have any needs that require special provision? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please add details if you wish.	

Please provide the names and contact details of two referees who are not related to you and whom we may contact for a reference.		
	Referee 1	Referee 2
Name and position:		
How do you know this person:		
Their email address:		
Their address:		
I confirm that the information I have given on this form is correct		Signed Date

Please send your completed form, along with your CV, to

vicki@miscarriageassociation.org.uk

Trustee Eligibility Criteria for the Miscarriage Association*

- You understand and agree to abide by the rules set out in the charity's Articles of Association, which you will find [here](#).
- You are at least 16 years of age.
- You are not prevented from acting as a Trustee because you:
 - have an unspent conviction for a corruption or dishonesty offence
 - are bankrupt or have entered into a formal arrangement with a creditor(s)
 - have been removed as a company director or charity trustee because of wrongdoing
 - are on the sex offenders register.

***This is not an exhaustive list. For more detailed eligibility criteria please see:**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960027/Trustee_Declaration_Form_Fields_December_2020.pdf