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|  |  | **SoundCafe Leicester** |
| **c/o St. Martins House** |
| **7 Peacock Lane** |
| **Leicester LE1 5PX** |
| **Trustee Application Form** | | |

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| Contact Details: | | | | |
| Title: | | Surname: | Name: | |
| Address: | | | | |
| Town: | | | Postcode: | |
| Tel no: | | | Tel no (work):  May we contact you at work? Yes/No | |
| Mobile no: | | | Email: | |
| Date of Birth: | | | Are you happy to be DBS checked? Yes/No | |
| How did you hear about SoundCafe Leicester? | | |  | |
| Why would you like to be a Trustee with SoundCafe? | | | | |
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| Please list any relevant qualifications/skills/experience: | | | | |
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| Any other information in support of your application: | | | | |
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| Please provide names, addresses and telephone numbers of two referees. (Referees cannot be relatives). | | | | |
| Name |  | | |  |
| Address |  | | |  |
| Tel No |  | | |  |
| Email |  | | |  |
| Position |  | | |  |
| I confirm that all the details on the application form are correct and there is no reason under Law why I cannot undertake the role of a Charity Trustee. *(Please ensure you have checked the relevant exclusions)* | | | | |
| Signed: | | |  | |
| Date: | | |  | |