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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: |  |