

**The Bracken Trust Cancer Support Centre**

**Cefnlllys Lane**

**Llandrindod Wells**

**Powys LD1 5LJ**



**The Bracken Trust**

Powys Cancer Support Centre

Charity Number: 1059668

### PERSONAL DETAILS

Surname:	Dr/Mr/Mrs/Miss/Ms/Other:
Forename/s:	Known as:
Date of Birth:	
Address:	
Postcode:	
E Mail address:	
Home Tel. Number:	Mobile Tel. Number:
Emergency Contact:	
Relationship:	
Telephone number:	

### PERSON SPECIFICATION, SKILLS & EXPERIENCE

1	Please specify why you would like to become a Trustee (250 words max)
2	What skills or experience do you have, relevant to the role applied for? (250 words max)

3 What is your vision for the Charity? (100 words max)

## Criminal Records Disclosure and other Relevant Information

Due to the nature of our work, trustees are required to undertake a criminal record check via the Disclosure & Barring Service. We are exempt from the Rehabilitation of Offenders Act 1974, and you are required to declare all criminal convictions whether or not they are 'spent'. Failure to disclose such convictions could result in you being released from a trustee role.

Your declaration will be treated in strict confidence and will be considered only in relation to this application. Please provide any details on a supplementary sheet and attach to this form.

We take confidentiality very seriously and everyone who works in or for The Trust, whether in a paid or voluntary capacity, is bound by a professional rule of confidentiality and must not discuss any patient details outside the centre.

## REFERENCES

**Please give the names of two people from whom references can be obtained. These should not be relatives and preferably should have known you for at least 2 years**

Name:	Name:
Address:	Address:
Telephone Number:	Telephone number:
Email Address:	E Mail address:
Relationship:	Relationship:

### DECLARATION & DATA PROTECTION

Please ensure that all information contained in this form is complete and correct. A false declaration or omission in support of your application may disqualify you from appointment.

Signed		Date	
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### SUBMISSION DETAILS

Forms may be submitted electronically to [manager@brackentrust.org.uk](mailto:manager@brackentrust.org.uk) or posted to Lisa Griffiths, Chief Executive, Cefnlllys Lane, Llandrindod Wells, Powys LD1 5LJ