**COMMUNITY CVS TRUSTEE AND DIRECTOR NOMINATION FORM**

**INTRODUCTION**

If you are a CVS member organisation and wish to nominate a person to become a trustee and director of Community CVS [registered name Blackburn with Darwen Council for Voluntary Service]. Please complete the section below and then, ask the person you are nominating to complete their bit and return it [clair.bloomfield@communitycvs.org.uk](mailto:clair.bloomfield@communitycvs.org.uk) by 5pm on Friday 31st May 2024. If more nominations are received than available places, then an election will take place at the AGM on Tuesday 4th June 2024.

**NOMINATING MEMBER ORGANISATION**

|  |  |
| --- | --- |
| Name of Nominating Organisation |  |
| Address |  |
| Name of the person being nominated to become a CVS trustee and director |  |
| Name of person nominating |  |
| Position within the Organisation |  |
| Signature  (electronic signatures are acceptable) |  |
| Date |  |

**BASIC DETAILS OF THE PERSON BEING NOMINATED**

The following information is required by Companies House for when we register you as a director.

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Middle Names |  |
| Surname |  |
| Date of Birth |  |
| Nationality |  |
| Occupation |  |
| Correspondence Address  (this can be the Boulevard Centre if you prefer) |  |
| Home Address |  |
| Country of Residence |  |

**BRIEF STATEMENT**

Please include a brief statement to support your nomination explaining what knowledge, skills or experiences you will bring to being a trustee and director of Community CVS and your reasons for applying to become a trustee/director. Information in the statement may be shared with members at the AGM and used to create a trustee profile for our website (if your nomination is successful).

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**CONSENT TO ACT**

We need your consent in order to electronically process your registration as a Community CVS director and trustee with Companies House and the Charity Commission. Providing this information replaces the need for a signature and represents your consent to act as a Director of the company and a trustee of the charity

|  |  |
| --- | --- |
| Please tick the box to give your individual’s consent to act as a director and trustee of Blackburn with Darwen Council for Voluntary Service (trading as Community CVS) and become an individual member of the charity (if I have not been nominated by a member organisation). |  |

**ANTI-MONEY LAUNDERING**

For anti-money laundering purposes we will require copies of two pieces of identification:-

* A copy of your passport or driving license or birth certificate
* A copy of a utilities bill, bank statement or the equivalent with your name and home address on

This information is required by our auditors to confirm that our directors are bona fide individuals. You can provide this either with your nomination or after the AGM (if your nomination has been accepted by the membership).

**TRUSTEE DECLARATION OF ELIGIBILITY**

I declare that:

I am over age 18.

I am not an undischarged bankrupt.

I have not previously been removed from trusteeship of a charity by a Court or the Charity Commission.

I am not under a disqualification order under the Company Directors' Disqualification Act1986.

I have not been convicted of an offence involving deception or dishonesty (unless the conviction is spent).

I am, in the light of the above, not disqualified by the Charities Act 1993 (section 72) from acting as a charity trustee.

I undertake to fulfill my responsibilities and duties as a trustee of Community CVS in good faith and in accordance with the law and within the charity’s objectives / mission.

I do not have any financial interests in conflict with those of Community CVS (either in person or through family or business connections) except those which I will formally notify in a conflict of interest statement.

I will specifically notify any such interest at any meeting where trustees are required to make a decision which affects my personal interests, and I will absent myself entirely from any decision on the matter and not vote on it.

|  |  |
| --- | --- |
| Name: |  |
| Signature:  Confirming the above and that you are willing to become a trustee and director of Community CVS.  (electronic signatures are acceptable) |  |
| Date: |  |