****

**TRUSTEE APPLICATION FORM**

|  |  |
| --- | --- |
| **Title:** |  |
| **Forename:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |
| **Current Job Title (if applicable):** |  |
|  |  |
| **Please provide evidence of your experience in the following areas** (continue on an additional sheet if needed). | |
| **Commitment to improving end of life experience** | f |
| **Board membership (as an executive, non-executive or trustee)** |  |
| **Local community involvement** |  |
|  |  |
| **Please provide evidence of the following additional skills (**continue on an additional sheet if needed). | |
| Experience of, or considerable interest in palliative and end of life care |  |
| Strategy, public policy and management |  |

|  |  |
| --- | --- |
| Third sector organisations, and partnerships across public and third sector |  |
| Professional education, evaluation, audit and research |  |
| Commissioning services |  |
| Financial management |  |
| Human Resource management |  |
| Legal |  |
| **Any other additional skills you feel relevant to the job role:** Please continue on an additional sheet of paper if needed. | |
|  | |
| **Please provide details of two referees, who will be approached if application is successful.** | |
| Ref 1 | Ref 2 |

**Please also provide a short CV, to support your application.**

**The End of Life Partnership Cheshire is a registered charity, 1072958 Company number 3594951**