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**TRUSTEE APPLICATION FORM**

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| **Title:** |  |
| **Forename:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |
| **Current Job Title (if applicable):** |  |
|  |  |
| **Please provide evidence of your experience in one or more of the following areas:** Please continue on an additional sheet of paper if needed. |
| **Commitment to improving end of life experience** |  |
| **Board membership (as an executive, non-executive or trustee)** |  |
| **Local community involvement** |  |

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| **With reference to the Trustee Role description, please describe the skills that you would bring to the role:** Please continue on an additional sheet of paper if needed. |
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| **If you have other skills or experience that you feel are relevant to the role, please describe these below.** 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**