

**APPLICATION TO BE A TRUSTEE OF**

**HOSPICE AT HOME WEST CUMBRIA**

**Title: ………….. Forenames: ……………………………………..…**

**Surname: ………………………………………………………………………………….**

**Address: …………………………………………………………………………….......**

**……………………………………………………………………………………………......**

**……………………………………………….. Post Code: ………………………**

**Telephone Home: ………………………..……… Work: …...……………………………..**

**Email: ……………………………………………………………………………………….**

**Present/Previous Employment:**

**Professional Qualifications:**

**Relevant Experience:**

**Reasons for Applying:**

**Referees:**

**The Charity Commission recommends that references are obtained for all new Trustees. Please give the name and address of at least one person who is not related to you who would be willing to act as referee.**

**1. Name: ………………………………. 2. Name: …………………………………**

**Address: ……………………………….. Address: ………………………………….**

**……………………………………………… ………………………………………………..**

**…………………………………………….. ………………………………………………..**

**Post Code: ……………………………. Post Code: ……………………………….**

**Tel No: …………………………….…… Tel No: ………………..……….…………**

**Completed applications should be sent to:**

 **Carol Robertson**

 **Hospice at Home West Cumbria**

 **Upper Floor, Cumbria House**

 **New Oxford Street**

 **Workington**

 **Cumbria**

 **CA14 2NA**

**Carol.Robertson@hhwc.org.uk**