**NATIONAL FEDERATION OF WOMEN’S INSTITUTES**

**TRUSTEE ELIGIBILITY AND RESPONSIBILITY**

**DECLARATION FOR FIT AND PROPER PERSONS**

**By agreeing this form, you declare that you:**

* are willing to act as a trustee of the named organisation
* understand your organisation’s purposes (objects) and rules set out in its governing document (Constitution)
* can answer **YES** to **ALL** of the following statements:
1. I do not have an **unspent** conviction for any of the following:
	1. an offence involving **dishonesty** or **deception**
	2. a **terrorism** offence
		1. to which Part 4 of the Counter-Terrorism Act 2008 applies
		2. under sections 13 or 19 of the Terrorism Act 2000
	3. a **money laundering** offence within the meaning of section 415 of the Proceeds of Crime Act 2002
	4. a **bribery** offence under sections 1, 2, 6 or 7 of the Bribery Act 2010
	5. an offence of **contravening a Commission Order or Direction** under section 77 of the Charities Act 2011
	6. an offence of **misconduct in public office, perjury** or **perverting the course of justice**
	7. In relation to the above offences, an offence of: attempt, conspiracy, or incitement to commit the offence; aiding, or abetting, counselling or procuring the commission of the offence; or, under Part 2 of the Serious Crime Act 2007 (encouraging or assisting) in relation to the offence
2. I am not **on the sex offenders register** (i.e. subject to notification requirements of Part 2 of the Sexual Offences Act 2003)
3. I do not have an unspent sanction for **contempt of court** for making, or causing to be made, a false statement or for making, or causing to be made, a false statement in a document verified by a statement of truth
4. I have not been found guilty of **disobedience to an order or direction of the Commission** under section 336(1) of the Charities Act 2011
5. I am not a **designated person** for the purposes of Part 1 of the Terrorist Asset- Freezing etc. Act 2010, or any secondary legislation made under the 2010 Act’
6. I have not previously been removed as an **officer, agent or employee of a charity** by the Charity Commission, the Scottish charity regulator or the High Court due to misconduct or mismanagement
7. I have not previously been removed as **trustee of a charity** by the Charity Commission, the Scottish charity regulator or the High Court due to misconduct or mismanagement
8. I have not been **removed from management or control of any body,** under section 34(5)(e) of the Charities and Trustee Investment (Scotland) Act 2005 (or earlier legislation)
9. I am not **disqualified from being a company director**, nor have I given a disqualification undertaking, and leave has not been granted (as described in section 180 of the Charities Act 2011) for me to act as director of the charity
10. I am not **currently declared bankrupt** (or subject to bankruptcy restrictions or an interim order)
11. I do not have an **individual voluntary arrangement** (IVA) to pay off debts with creditors
12. I am not subject to a moratorium period under **a debt relief order**, nor a debt relief restrictions order, nor an interim order
13. I am not subject to an order made under section 429(2) of the Insolvency Act 2000 (Failure to pay under a County Court Administration Order.)

**You also declare that:**

* the information you provide to the Charity Commission is true, complete and correct
* you understand that it’s an offence under section 60(1)(b) of the Charities Act 2011 to knowingly or recklessly provide false or misleading information
* your organisation’s funds are held (or will be held) in its name in a bank or building society account in England or Wales
* you will comply with your responsibilities as trustees – these are set out in the Charity Commission guidance ‘The essential trustee (CC3)’
* (if applicable) the primary address and residency details you provide in a charity registration application are correct and you will notify the Charity Commission if they change.

Name of organisation in full

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Name of individual

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Role in the organisation

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Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address

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Previous address if moved in past 12 months

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Date of birth

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If you have signed this declaration but want to make any information known or clarify any points please add them below.