



Trustee Application Form

Name of applicant: [Click here to enter text.](#)

Membership number of applicant: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

E-mail Address: [Click here to enter text.](#)

Area of interest:

Trustee

Other: [Click here to enter text.](#)

Skills (please tick all that apply):

- | | | | | | | | |
|----------------------|--------------------------|-------------------------|--------------------------|---------------------|--------------------------|-------------------------|--------------------------|
| Administration | <input type="checkbox"/> | Facilitating meetings | <input type="checkbox"/> | Legal | <input type="checkbox"/> | RP/Communications | <input type="checkbox"/> |
| Board Experience | <input type="checkbox"/> | Finances | <input type="checkbox"/> | Marketing | <input type="checkbox"/> | Public speaking | <input type="checkbox"/> |
| Budgeting | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> | Media inquirers | <input type="checkbox"/> | Purchase Management | <input type="checkbox"/> |
| Business Planning | <input type="checkbox"/> | Health & Safety | <input type="checkbox"/> | Mentoring | <input type="checkbox"/> | Relationship Management | <input type="checkbox"/> |
| Campaigning | <input type="checkbox"/> | Training | <input type="checkbox"/> | Monitoring | <input type="checkbox"/> | Social Media Management | <input type="checkbox"/> |
| Chairing | <input type="checkbox"/> | Influencing | <input type="checkbox"/> | Networking | <input type="checkbox"/> | Team Working | <input type="checkbox"/> |
| Change Management | <input type="checkbox"/> | IT Systems | <input type="checkbox"/> | Organising events | <input type="checkbox"/> | Time Management | <input type="checkbox"/> |
| Conflict resolution | <input type="checkbox"/> | Insurance | <input type="checkbox"/> | Personal management | <input type="checkbox"/> | Volunteer Management | <input type="checkbox"/> |
| Data Protection | <input type="checkbox"/> | Interviewing/recruiting | <input type="checkbox"/> | Policy Making | <input type="checkbox"/> | Website Management | <input type="checkbox"/> |
| Business Development | <input type="checkbox"/> | Leadership | <input type="checkbox"/> | Project Management | <input type="checkbox"/> | | |

British Society of Audiology

Promoting excellence in hearing and balance



Brief Biography (max 100 words):

Please note that your bio wording below will be used if there is a requirement for a members vote. Please contact out PA if you wish to discuss this further, however by submitting your application you are agreeing for the below wording to be used for this purpose.

[Click here to enter text.](#)

What do you feel you can bring to the role? (max 100 words):

[Click here to enter text.](#)

References (must be Full BSA Members):

<i>Proposed by:</i>	<i>Seconded by:</i>
Name: Click here to enter text.	Name: Click here to enter text.
Membership Number: Click here to enter text.	Membership Number: Click here to enter text.
Signed:	Signed:
Date: Click here to enter a date.	Date: Click here to enter a date.

Declaration (please tick all that apply):

- I understand and am able and willing to commit necessary time, preparation and effort to the proper discharge of the responsibilities of a trustee
- I am a Full Member of the British Society of Audiology

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information my application may be disqualified or, if I have already been appointed that appointment may be revoked.

Signed:

Date: [Click here to enter a date.](#)