**Allerton Bywater Community Partnership’s self-nomination form for election as a director**

Registered Charity number: 1107132

**Nominee details**

Name:

Address:

Telephone: Email:

1. I wish to be elected as a director □
2. I would also be interested in nominating myself for the following roles (you may tick more than one)

Chair □ Treasurer □ Secretary □

**If you would like to include a brief statement about yourself and why you would like to be elected as a director, please do so below.**

|  |
| --- |
|  |

**I declare that I am eligible to be a director of Allerton Bywater Community Partnership and that:**

* I am 18 years or over
* I am capable of managing my own affairs
* I am capable to act in the best interests of the charity.
* I do not have an unspent conviction involving dishonesty or deception.
* I am not an undischarged bankrupt.
* I have not been removed from being a director/trustee because of misconduct.
* I am not disqualified from being a company director.
* I am not included on a barred list of individuals who are unsuitable to work with children.
* I understand I will need to submit to Ofsted checks, including and enhanced criminal records disclosure, to determine my suitability.

**Signature: Date:**

**Please return your completed forms to the nursery office, or email to:** **directors@allertonbywatercommunity.co.uk**

**Allerton Bywater Community Partnership’s self-assessment of skills form for new directors**

The charity thrives because of the hard work and commitment of our volunteers. We understand that the active involvement and enthusiasm of volunteers is the most important factor to our success. We welcome applications from volunteers with a diverse range of skills and strive to accommodate the needs of those with no prior experience or qualifications; wherever possible, offering opportunities for personal development so that you find volunteering with the charity enjoyable and rewarding. In order to do so, we ask that you complete the form below, to provide us with an understanding of your current experience of, and confidence with, certain areas of the charity’s work.

**Name of director/nominee:**

Address:

Telephone: Email:

Please mark from 1 to 5 in the appropriate column to indicate your level of experience or knowledge, and your level of confidence in the following areas of work (1 = a little, 5 = a lot)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Experience or knowledge | Confidence | Comments |
| Charity governance |  |  |  |
| Administration |  |  |  |
| Financial management |  |  |  |
| Business management |  |  |  |
| Strategic planning |  |  |  |
| Fundraising |  |  |  |
| Customer care |  |  |  |
| Equality and diversity |  |  |  |
| Project management |  |  |  |
| Knowledge of the charity |  |  |  |
| Staff recruitment |  |  |  |
| Staff training |  |  |  |
| Staff management |  |  |  |
| The law |  |  |  |
| Health and safety |  |  |  |
| IT |  |  |  |
| Marketing and PR |  |  |  |
| Childcare sector |  |  |  |
| Early Years Foundation Stage |  |  |  |

Are there any other skills or experiences that you can bring to the committee?

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|  |

Are there any specific areas of the charity’s work which you are interested in becoming involved in?

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|  |

Do you need any training, support, special aids or arrangements to help you carry out duties?

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|  |

Any other comments?

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