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| **HIS Trustee Eligibility and Responsibility Declaration 2019**  Please check the appropriate box if you agree with the following statements |
| **By completing and signing this form, you declare that you:** |
| Are willing to act as a trustee of the Healthcare Infection Society (HIS) |  |
| Understand HIS's purposes (objects) and rules set out in its governing document (constitution) |  |
| You understand that it's an offense under section 60(1)(b) of the Charities Act 2011 to knowingly or recklessly provide false or misleading information |  |
| You will comply with your responsibilities as trustees - these are set out in the Charity Commission guidance 'The essential trustee (CC3)' |  |
| Your organisation’s funds are held in its name in a bank or building society account in England or Wales |  |
| 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 |  |
| The information you provide is true, complete and correct |  |
| **Please confirm you are not prevented from acting as a trustee because you:** |
| Have an unspent conviction for one or more of the offences listed here  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731084/010818_Disqualification_Reasons_Table_v2.pdf> |  |
| Have an IVA, debt relief order and/or a bankruptcy order |  |
| Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator) |  |
| Have been removed from being in the management or control of any body in Scotland (under relevant legislation) |  |
| Have been disqualified by the Charity Commission o are a disqualified company director o are a designated person for the purposes of anti-terrorism legislation or are on the sex offenders register |  |
| Have been found in contempt of court for making (or causing to be made) a false statement o have been found guilty of disobedience to an order or direction of the Charity Commission |  |
| **Personal benefit: if HIS pays (or will pay) any trustee for being a trustee OR any trustee or person connected to them for providing goods and services, you declare that this will:** |
| Be in the organisations best interests |  |
| Be lawful and authorised |  |
| Help HIS carry out its purpose (or be a necessary by-product of it carrying out its purposes) |  |
| **Name:**  **Signed: Date:** |