

Nomination Form

Bath Area Play Project is actively seeking new members for its Management Committee. We welcome nominations from all sections of the Bath area community.

If you would like to be nominated or you would like to nominate yourself, please fill out the slip below and return it to -

Bath Area Play Project Odd Down Community Centre Odins Road Bath BA2 2TL Tel: 01225 832479 Email: enquiries@bapp.org.uk

Bath Area Play Project
Management Committee Nomination Form

Name		
Address		Post Code
Phone Number		Date of Birth
Email Address	@	
Nominated by		
Seconded by		
Position nominated for: Chair	_Vice Chair	Secretary
Treasurer Ordinary Member		

Have you ever been declared bankrupt? Yes / No

Do you hold an enhanced DBS disclosure? Yes / No

If Yes, please write the Certificate No. and Date of Issue here

_____ Date of Issue: _____

If you do not hold an Enhanced DBS Certificate, we will send you a form to complete as Charity Law and Ofsted requires Trustees of organisations working with children to be checked.

Are you happy to complete further paperwork related to our Ofsted registration?

As part of our Safeguarding Recruitment Procedure, we ask proposective Trustees to provide the names of two people that could provide a character reference for themselves. These can be people that you work with currently or in the past and do not need to be related to working with children.

Name	_ Name	
Email Address	Email Address	
Postal Address	Postal Address	
Post Code	Post Code	
Telephone No	Telephone No	
How do they know you?	_ How do they know you?	
May we contact?	_ May we contact?	