|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| E-mail: |  |
| Contact number: |  |
| Emergency contact number: |  |
| References:  |  |
| Name and contact details for **reference one:****How do you know this person?** |  |
| Name and contact details for **reference two:****How do you know this person?** |  |
| Why do you want to become a Trustee for Level Two? |  |
| What skills or experience would you bring to this role? |  |
| Do you have any criminal convictions?  |  |
| Anything else you would like us to know? |  |

Please return your form to Level Two at

 shezhopkins@leveltwo.org

All Trustees are subject to a satisfactory enhanced DBS check.

Many thanks: we will be in contact and look forward to meeting you!