

**BRANCH MANAGEMENT COMMITTEE NOMINATION
DECLARATION FORM**

To be completed by **all** candidates

I *insert full name* agree to be

nominated as a Branch Management Committee Member for

..... Branch *insert name of Branch*.

I confirm that I am a full member of the Motor Neurone Disease Association, that I am over eighteen years of age, I am not an undischarged bankrupt, I do not have an unspent conviction for dishonesty¹, I have not been proscribed from membership of the Branch Management Committee by the Board of Trustees and I am not in any other way disqualified from being a charity trustee by virtue of section 72 of the Charities Act².

Signed **Date**

¹ This refers to convictions which are considered 'spent' according to the Rehabilitation of Offenders Act 1974. The period of time, after which a conviction is considered spent, varies according to the nature of the conviction. If in doubt please contact the Volunteering Team at National Office.

² Details of the Charities Act 1993 can be obtained from the Volunteering Team at National Office