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**REPLACING AN UNINCORPORATED RDA GROUP WITH A CHARITABLE INCORPORATED ORGANISATION (CIO)**

**CHARITY COMMISSION REQUIRED INFORMATION**

**Please complete sections marked with a blue asterisk (\*)**

**Any Sections Completed in red are standard RDA answers and are included for your information, please read all this form carefully.**

|  |  |
| --- | --- |
| **Name of Group** | **\*** |
| **Other Name(s) or Acronym** | **\*** |
| **Name and address of Group Member to whom correspondence should be sent about this application** | **Name:\***  **Address:\***  **Tel No: \***  **E-Mail:\***  **DOB: \*** |
| **GOVERNING DOCUMENT** | |
| *A governing document sets out a charity’s rules’ it’s the key legal document that says what it is and how it will be run. Different charities have different governing documents.*  *The organisations’s governing document type:* **CIO ASSOCIATION CONSTITUTION** | |
| *Has the governing document been issued by an organisation or umbrella body (often referred to as an approved governing document?* | *Yes* |
| **Which organisation issued the governing document?** | *Riding for the Disabled* |
| **REPLACEMENT** | |
| **Are you replacing an existing registered charity?** | *No* |
| **Enter the name or registration number of the charity you are replacing** | *N/A* |
| **Do you want to apply using the same name?** | *N/A* |
| **CHARITY NAME** | |
| **Is the organisation known by any other names?** | **Y/N** |
| **If yes, please list all other names here** | **\*** |
| **Do any of the organisation’s names contain acronyms, initials, made-up or non-English language words?** *If yes, please translate or explain each made up, non-English word, acronym or initial used* | *YES*  *RDA – Riding for the Disabled Association* |
| **Do any names contain words that require consent from another body?** | *No* |
| **STRUCTURE AND PURPOSES** | |
| ***The Organisation’s governing document is a CIO Association Constitution*** | |
| **The purposes of the charity being replaced are:** | *TO PROMOTE THE OBJECTS OF THE RIDING FOR THE DISABLED ASSOCIATION INCORPORATING CARRIAGE-DRIVING A CHARITY REGISTERED UNDER CHARITY NUMBER 244108 BY PROVIDING DISABLED PEOPLE WITH THE OPPORTUNITY TO RIDE AND/OR CARRIAGE DRIVE TO BENEFIT THEIR HEALTH AND WELL BEING IN THE [ ] AREA* |
| **The organisation’s approved purposes are:** | *THE OBJECTS FOR WHICH THE CIO IS ESTABLISHED ARE TO PROMOTE THE OBJECTS OF THE RIDING FOR THE DISABLED ASSOCIATION INCORPORATING CARRIAGE DRIVING A CHARITY REGISTERED UNDER CHARITY NUMBER 244108 ("RDA") BY PROVIDING DISABLED PEOPLE WITH THE OPPORTUNITY TO RIDE AND/OR TO CARRIAGE DRIVE TO BENEFIT THEIR HEALTH AND WELL- BEING IN THE [ ] AREA.* |
| **Do these purposes match those in the organisation’s governing document?** | *Yes* |
| **CLASSIFICATION: WHAT** | |
| ***Every charity on the Register of Charities has a classification. This is so that potential donors, beneficiaries and others who search the register can find types of charities they are interested in.***  ***The Charity Commission uses four headings. These describe WHAT a charity is set up to achieve, HOW it achieves it, WHO it helps and WHERE it operates.***  ***RDA classifications are set up to achieve:-*** | |
| **Other charitable purposes** | *Provide equestrian services specifically for people with disabilities in order for them to gain therapeutic benefit and have the opportunity to achieve.* |
| **CLASSIFICATION: HOW** | |
| **How does the organisation achieve it?** | *Provides services* |
| **CLASSIFICATION: WHO** | |
| **Who does the organisation help?** | *People with disabilities* |
| **CLASSIFICATION: WHERE** | |
| **Where does the organisation operate?** | ***\**** *Please state the County* |
| **CARRYING OUT THE PURPOSE** | |
| **The organisation’s purposes are:** | *THE OBJECTS FOR WHICH THE CIO IS ESTABLISHED ARE TO PROMOTE THE OBJECTS OF THE RIDING FOR THE DISABLED ASSOCIATION INCORPORATING CARRIAGE DRIVING A CHARITY REGISTERED UNDER CHARITY NUMBER 244108 ("RDA") BY PROVIDING DISABLED PEOPLE WITH THE OPPORTUNITY TO RIDE AND/OR TO CARRIAGE DRIVE TO BENEFIT THEIR HEALTH AND WELL- BEING IN THE [ ] AREA.* |
| **Explain how the organisation carries out its purposes:** | *The Group works with people with a range of disabilities and reasons for taking part. The Group provides specialist tuition, training and support for people with disabilities to ride, carriage drive or take part in equestrian vaulting. Without this support, most of our participants would be unable to take part in these activities.*  *The core purpose of the charity is to benefit the health and well-being of people with disabilities through the delivery of effective and life enhancing therapy, the opportunity to learn new skills and achieve personal goals and ambitions and the chance to enjoy taking part in a social activity that promotes general well-being. Research undertaken by RDA UK shows the substantial and long-lasting benefits that these activities create.*  *The Group is run using the standards and procedures in the RDA “Essentials of Membership” (a copy of which is held by the Commission) which sets out the standards and procedures by which the charity operates. This can be found at* [*http://www.rda.org.uk/assets/The-Essentials-of-Membership-Revd-Jan 2016.pdf*](http://www.rda.org.uk/assets/The-Essentials-of-Membership-Revd-Jan%202016.pdf) |
| **BENEFITS** | |
| **What are the benefits of the organisation’s purposes** | *The Charity support any adult or child with a mental or physical disability (who does not need to be a member of the Group) in order to benefit from these services. Individuals are assessed according to the practices set out by the Riding for the Disabled Association’s national guidance – the assessment ensures that it will be safe and beneficial for the individual to take part and defines the specific support needed to take part* |
| **A specific section of the public can benefit from the organisation’s purposes** | *People defined by disability* |
| **Explain how the Trustees are satisfied that this is justified under the Equality Act:** | *The Trustees will restrict the benefits they offer with a protected characteristic i.e. disability. This is necessary in order to provide the specialist support and expertise to enable this client group to undertake this activity* |
| **CARRYING OUT THE PURPOSE FOR THE PUBLIC BENEFIT** | |
| **What criteria do the Trustees use to decide who the organisation benefits or what work it does or supports?** | *The Group works with people with a range of disabilities and reasons for taking part. The Group provides specialist tuition, training and support for people with disabilities to ride, carriage drive or take part in equestrian vaulting. Without this support, most of our participants would be unable to take part in these activities.*  *The core purpose of the charity is to benefit the health and well-being of people with disabilities through the delivery of effective and life enhancing therapy, the opportunity to learn new skills and achieve personal goals and ambitions and the chance to enjoy taking part in a social activity that promotes general well-being. Research undertaken by RDA UK shows the substantial and long-lasting benefits that these activities create.* |
| **GRANT MAKING** | |
| **Is the organisation a grant maker?** | *No* |
| **MEMBERSHIP** | |
| **Do people or organisations have to be members of the organisation to benefit from its purpose?** | *No* |
| **Does the organisation provide public facilities or services as a way of carrying out its purpose?** | *No* |
| **FEES AND CHARGES** | |
| **Does the organisation charge people to access its services?** | ***Y/N*** |
| **What services or facilities does the organisation charge for and how much does it charge?** | ***\**** *Please insert any charges* |
| **Do the Trustees consider the charges to be more than the poor can afford?** | *No* |
| **How have you reached this view?** | *The group considers the charges to be fair and will consider concessions to any client who cannot afford the fee above and when it is not possible to source funding from other sources.*  *This is regularly reviewed by the Trustees* |
| **PROPERTY** | |
| **Does the Organisation have use of land or property?** | ***Y/N*** |
| **Does the Organisation own the land or property? If yes, what is the land or property used for?** | ***Y/N***  ***\**** |
| **Will any land or property used by the organisation benefit from Business Rate relief? If yes, please give more details.** | ***Y/N***  ***\**** |
| **Does the organisation use premises owned by a trustee or someone related to a trustee? If yes, who owns the property and what is their relationship with the organisation?**  **Please explain the basis upon which the organisation uses the premises** | ***Y/N***  ***\**** |
| **Is there a lease or other formal agreement in place? If yes, please attach a copy and a copy of the minutes of the meeting where it was decided it is in the organisations best interests to use these premises.** | ***Y/N***  ***\**** |
| **If no, who owns the land or property?**   * **Provide full details of the agreements that are in place regarding the organisations’s use of the land or property** * **What is the land or property used for?** | ***\**** |
| **Are the premises used for any other purposes *(e.g. residential property or if another organisation or business is run from the premses)*** | ***Y/N*** |
| **If yes, please explain how joint costs are shared between all of the users of the premises, according to usage** | ***\**** |
| **How are the trustees satisfied that any benefit arising to the owner of the premises is incidental?** | ***\**** |
| **Will any land or property used by the organisation benefit from Business Rate relief?**  **If yes, provide more details** | ***Y/N***  ***\**** |

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| **CONTACT FOR THIS APPLICATION** | |
| **Who is the main contact for this application?** | *Lottie Hansford, Group Development Manager, Riding for the Disabled Association* |
| **Please state in what capacity you are submitting this application** | *Group Development Manager, Riding for the Disabled Association* |
| **ORGANISATION CONTACT**  ***Please enter details of the contact for the organisation as a whole*** | |
| **Position in the organisation** | *Trustee* |
| **Is the contact for this organisation an individual or an organisation?** | *Individual* |
| **Title** | ***\**** |
| **First Name(s)** | ***\**** |
| **Surname** | ***\**** |
| **Suffix (eg. M.A)** | ***\**** |
| **Display Name** | ***\**** |
| **Date of Birth** | ***\**** |
| **Postcode** | ***\**** |
| **Address Line 1** | ***\**** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Telephone number** | ***\**** |
| **Email address** | ***\**** |
| **ORGANISATION DETAILS**  ***Please provide the organisation’s public address*** | |
| **Postcode** | ***\**** |
| **Address Line 1** | ***\**** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Organisation website** *(optional)* | ***\**** |
| **Organisation email address for public display** | ***\**** |
| **Organisation telephone number for public display** | ***\**** |
| **Organisation email address for commission use only** | ***\**** |
| **Does the organisation operate from this venue?** *(if no, please enter the operating address below)* | ***Y*** |
| **Postcode** | ***\**** |
| **Address Line 1** | ***\**** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Please explain why the organisation does not operate from the public address and why this address cannot be made public** | *The group’s registered address is one of the Trustees, the services of providing riding for the disabled are provided at an approved, suitably safe riding stables*  *\** |

|  |  |
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| **OTHER REGULATORS** | |
| **Are you registered with any of the following regulators:-**   * **Ofsted** * **Care Quality Commission** * **Financial Conduct Authority** * **Home and Communities Agency** * **Care and Social Inspectorate Wales** * **HM Inspectorate of Education and Training in Wales** * **Wesh Government (Social Landlords and Housing)** * **Health Inspectorate Wales**   **If so, please provide Regulator numbers** | ***Y/N*** |
| **Do you have a gift aid number from HMRC?**  **If yes, what is your gift aid number?** | ***Y/N***  ***\**** |
| **INCOME AND BANK DETAILS**  ***Please attach the latest accounts for the registered charity you are replacing*** | |
| **Estimated gross annual income** | ***\**** |
| **Year to date income** | ***\**** |
| **Does the organisation have a bank account? If so, is the main account a Bank or Building Society account?** | ***\**** |
| **If a Bank, please provide the following:-**   * **Sort Code** * **Bank Name** * **Account Number** * **Account name** | ***\**** |
| **If a Building Society, please provide the following:-**   * **Building Society name** * **Account/Roll no** * **Account name** | ***\**** |
| **Next financial year end date** | ***\**** |
| **Please explain how the organisation is or will be funded in the future (select all that apply)**   * **Public donations** * **Legacies** * **Other trading activities** * **Investments** * **Grants** * **Charging for services** * **Corporate donors** * **Commercial sponsor** * **Working with professional fundraising consultants** * **Loans from any source** * **Funding from interest and return on endowments** * **Sale of assets** * **Other** | ***\****  *If charging for services – Advise the group’s charges and state if they are lower than the average commercial rate (if they are) with a comparison. If you can offer more details about concessionary schemes in place, this would be useful, but not essential that you have a formal concession Policy*  *If any of the other forms of fundraising are used, please supply full details, PLEASE NOTE, if this is the case, we may need to obtain further details from you.* |
| **Other than Public Donations that are eligible for Gift Aid, do the Trustees intend that the proposed Charity will take part in any other arrangement which might reduce the amount of tax payable by any other person?**  **If Yes, please give more details:** | ***For example: gifts of land, property or shares that may reduce taxes paid by the donor (see Charity Commission guidance*** [***www.gov.uk/government/publications/charity-tax-reliefs-guidance-on-charity-commission-policy/charity-tax-reliefs-guidance-on-charity-commission-policy***](http://www.gov.uk/government/publications/charity-tax-reliefs-guidance-on-charity-commission-policy/charity-tax-reliefs-guidance-on-charity-commission-policy)***)***  ***Y/N***  ***\**** |
| **Is it intended that the organisation will hold any funds or assets in overseas investment companies or trusts?**  **If Yes, please give more details:** | ***Y/N***  ***\**** |
| **EMPLOYMENT** | |
| **Does or is it likely the organisation will employ:**   * **A trustee** * **Its founder** * **A person related to a trustee** * **A person related to the founder** * **An organisation connected to a trustee** * **An organisation connected to the founder** | ***\**** |
| **If yes, please provide the following details:-**   * **Who is or will be employed by the organisation?** * **What is or will this person/organisation be employed to do?** * **How much is or will this person/organisation be paid?** * **What is their relationship to the organisation?**   **Trustee**   * **Founder** * **Person related to a trustee** * **Person related to a founder** * **Organisation connected to a trustee** * **Organisation connected to the founder**   **Please attach a copy of the minutes of the meeting where each of the employments listed above were agreed. This might be one document or multiple.** | ***\**** |
| **GOODS OR SERVICES** | |
| **Does or is it likely the organisation will buy goods or services from:**   * **A trustee** * **Its founder** * **A person related to a trustee** * **A person related to the founder** * **An organisation connected to a trustee** * **An organisation connected to the founder** | ***\**** |
| **If yes, please provide the following details:-**   * **Who does or will receive payment for providing goods or services to the organisation?** * **What goods or services does or will this person/ organisation provide to the organisation?** * **How much does or will this person/organisation receive for providing goods or services?** * **What is their relationship to the organisation?** * **Trustee** * **Founder** * **Person related to a trustee** * **Person related to a founder** * **Organisation connected to a trustee** * **Organisation connected to the founder**   **Please attach a copy of the minutes of the meeting where this was agreed for each of the people/ organisations listed above were agreed. This might be one document or multiple.** | ***\**** |
| **OTHER PERSONAL BENEFITS** | |
| **Are there any close links which the organisation has, or is likely to have, with any other person or body, which might be relevant to the work of the organisation?**  **This would include:**   * **Any contract or relationship with a value which represents a significant proportion of the organisation’s income or expenditure** * **Any directorship, trusteeship, shareholding, membership interest or partnership held by the organisation or by any of the trustees;** * **Any position of political or public authority held by any of the trustees;** * **Any other arrangement or circumstance which might give rise to a conflict of interest for one or more of the trustees.** | ***\**** |
| **If yes, please provide the following details:-**   * **Who does or will receive other personal benefits?** * **Please provide full details of all personal benefits received by this person/ organisation?** * **What is their relationship to the organisation?** * **Trustee** * **Founder** * **Person related to a trustee** * **Person related to a founder** * **Organisation connected to a trustee** * **Organisation connected to the founder**   **Please attach a copy of the minutes of the meeting where this was agreed for each of the people/ organisations listed above were agreed. This might be one document or multiple.** | ***\**** |
| **CONNECTIONS** | |
| **Is the organisation linked to, or has it been established by a non-charitable organisation?** | *No* |
| **If yes, what connection will exist between the work of the non-charitable organisation and the commercial body?** | *N/A* |
| **How will the work of each be complimentary?** | *N/A* |
| **How will the work of the two bodies be separated and distinguished?** | *N/A* |
| **How will the independence of the charity be maintained?** | *N/A* |
| **Please attach any additional information that explains this connection** (optional) | *N/A* |
| **MANAGING RISKS** | |
| **Does the organisation work with children or vulnerable people?** | *Yes* |
| **Please confirm the trustees have read, understood and are following the Charity Commission’s** | *Trustees have read, understood and are following the Charity*  *Commission’s safeguarding guidance (incorporated with RDA safeguarding policy)*  ***Please tick*** |
| **TRUSTEE NUMBERS** | |
| **How many trustees does the organisation currently have?** | ***\**** |
| **What is the minimum number of trustees the organisation’s governing document says it must have?** | *Three* |
| **ADD A TRUSTEE** | |
| **Position in the organisation** | *Trustee* |
| **Is the contact for this organisation an individual or an organisation?** | *Individual* |
| **Title** | *\** |
| **First Name(s)** | *\** |
| **Middle Name(s) (optional)** | *\** |
| **Surname** | *\** |
| **Suffix (eg. M.A) (optional)** | *\** |
| **Display Name** | *\** |
| **Has this trustee ever been known by a different name?** | *\** |
| **If yes, please provide all names this trustee has been known as previously** | *\** |
| **Date of Birth** | *\** |
| **Postcode** | *\** |
| **Address Line 1** | *\** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Telephone number** | ***\**** |
| **Email address** | ***\**** |
| **Is this trustee chair of trustees?** | ***\**** |
| **Is this trustee a trustee of another registered charity?**  **If yes, please provide charity number and name** | ***\**** |
| **Are there any special circumstances that require the trustee’s name to be kept off the public register?** | ***\**** |
| *WARNING AND REMINDER – The Charity Commission will check that this trustee is eligible to act as a trustee and is not otherwise disqualified from acting as a trustee. Full details on what disqualifies a trustee from acting can be found in charity commission guidance* [*https://www.gov.uk/guidance/charity-trustee-disqualification*](https://www.gov.uk/guidance/charity-trustee-disqualification) | |
| **Please confirm that this trustee is eligible to act as a trustee of this organisation** | *I confirm this trustee is eligible to act as a trustee of this organisation*  *(Please tick)* |
| **DECLARATION**  ***If you wish to provide any supplementary documentation to support your application, please provide this with the application.*** | |
| **Is there any additional information that the Charity Commission should take into account?** (for example, a critical funding deadline) | ***\**** |
| **If yes, please provide any additional information here** | ***\**** |
| **SUBMITTING YOUR APPLICATION FOR CHARITY REGISTRATION** | |
| **Data protection** | *Please see the link on the Charity Commission website regarding what they do with the information they collect* [*https://apps.charitycommission.gov.uk/outreach/dataprotection.ofml*](https://apps.charitycommission.gov.uk/outreach/dataprotection.ofml) |
| **I certify that:**  **all information provided has been checked by the trustees and is correct and complete to the best of my knowledge**  **all trustees agree to this submission and have read and accept the commission's privacy terms**  *It's a criminal offence under section 60 of the Charities Act 2011 for anyone to knowingly or recklessly provide false or misleading information to the commission; this includes suppressing, concealing or destroying documents.* | *Please tick* |
| **Next steps:** | *After you submit you'll receive a confirmation email with a PDF summary of the information you've provided. A copy of this will also be emailed to the contact for the organisation and each trustee that provided an email address. You won't be able to change your application once you've submitted it.* |
| **The Charity Commission will contact you if it needs more information. You may need to submit a new application if you haven't provided enough information for the commission to make a decision.** | |
|  | |
| **ADD A TRUSTEE – PLEASE COPY THIS FORM AS REQUIRED** | |
| **Position in the organisation** | *Trustee* |
| **Is the contact for this organisation an individual or an organisation?** | *Individual* |
| **Title** | *\** |
| **First Name(s)** | *\** |
| **Middle Name(s) (optional)** | *\** |
| **Surname** | *\** |
| **Suffix (eg. M.A) (optional)** | *\** |
| **Display Name** | *\** |
| **Has this trustee ever been known by a different name?** | *\** |
| **If yes, please provide all names this trustee has been known as previously** | *\** |
| **Date of Birth** | *\** |
| **Postcode** | *\** |
| **Address Line 1** | *\** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Telephone number** | ***\**** |
| **Email address** | ***\**** |
| **Is this trustee chair of trustees?** | ***\**** |
| **Is this trustee a trustee of another registered charity?**  **If yes, please provide charity number and name** | ***\**** |
| **Are there any special circumstances that require the trustee’s name to be kept off the public register?** | ***\**** |
| *WARNING AND REMINDER – The Charity Commission will check that this trustee is eligible to act as a trustee and is not otherwise disqualified from acting as a trustee. Full details on what disqualifies a trustee from acting can be found in charity commission guidance* [*https://www.gov.uk/guidance/charity-trustee-disqualification*](https://www.gov.uk/guidance/charity-trustee-disqualification) | |
| **Please confirm that this trustee is eligible to act as a trustee of this organisation** | *I confirm this trustee is eligible to act as a trustee of this organisation*  *(Please tick)* |

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| --- | --- |
| **ADD A TRUSTEE – PLEASE COPY THIS FORM AS REQUIRED** | |
| **Position in the organisation** | *Trustee* |
| **Is the contact for this organisation an individual or an organisation?** | *Individual* |
| **Title** | *\** |
| **First Name(s)** | *\** |
| **Middle Name(s) (optional)** | *\** |
| **Surname** | *\** |
| **Suffix (eg. M.A) (optional)** | *\** |
| **Display Name** | *\** |
| **Has this trustee ever been known by a different name?** | *\** |
| **If yes, please provide all names this trustee has been known as previously** | *\** |
| **Date of Birth** | *\** |
| **Postcode** | *\** |
| **Address Line 1** | *\** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Telephone number** | ***\**** |
| **Email address** | ***\**** |
| **Is this trustee chair of trustees?** | ***\**** |
| **Is this trustee a trustee of another registered charity?**  **If yes, please provide charity number and name** | ***\**** |
| **Are there any special circumstances that require the trustee’s name to be kept off the public register?** | ***\**** |
| *WARNING AND REMINDER – The Charity Commission will check that this trustee is eligible to act as a trustee and is not otherwise disqualified from acting as a trustee. Full details on what disqualifies a trustee from acting can be found in charity commission guidance* [*https://www.gov.uk/guidance/charity-trustee-disqualification*](https://www.gov.uk/guidance/charity-trustee-disqualification) | |
| **Please confirm that this trustee is eligible to act as a trustee of this organisation** | *I confirm this trustee is eligible to act as a trustee of this organisation*  *(Please tick)* |

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| --- | --- |
| **ADD A TRUSTEE – PLEASE COPY THIS FORM AS REQUIRED** | |
| **Position in the organisation** | *Trustee* |
| **Is the contact for this organisation an individual or an organisation?** | *Individual* |
| **Title** | *\** |
| **First Name(s)** | *\** |
| **Middle Name(s) (optional)** | *\** |
| **Surname** | *\** |
| **Suffix (eg. M.A) (optional)** | *\** |
| **Display Name** | *\** |
| **Has this trustee ever been known by a different name?** | *\** |
| **If yes, please provide all names this trustee has been known as previously** | *\** |
| **Date of Birth** | *\** |
| **Postcode** | *\** |
| **Address Line 1** | *\** |
| **Address Line 2** | ***\**** |
|  | ***\**** |
|  | ***\**** |
| **Telephone number** | ***\**** |
| **Email address** | ***\**** |
| **Is this trustee chair of trustees?** | ***\**** |
| **Is this trustee a trustee of another registered charity?**  **If yes, please provide charity number and name** | ***\**** |
| **Are there any special circumstances that require the trustee’s name to be kept off the public register?** | ***\**** |
| *WARNING AND REMINDER – The Charity Commission will check that this trustee is eligible to act as a trustee and is not otherwise disqualified from acting as a trustee. Full details on what disqualifies a trustee from acting can be found in charity commission guidance* [*https://www.gov.uk/guidance/charity-trustee-disqualification*](https://www.gov.uk/guidance/charity-trustee-disqualification) | |
| **Please confirm that this trustee is eligible to act as a trustee of this organisation** | *I confirm this trustee is eligible to act as a trustee of this organisation*  *(Please tick)* |