NEW BOARD MEMBER STARTER FORM

Board Member details – (*all fields must be completed)*

Title: Mr/Mrs/Ms/Miss

Surname: .....

First/Middle Name(s): .....

Address: .....

.....

Postcode .....

Email Address: .....

Passport Number: .....

Copy of passport to be held by Company on Office Holders file

Telephone Number: .....

Date of Birth: .....

Start Date: .....

Right to Work (please tick): Yes ☐ No ☐

Role: .....

Days Available Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐

Preferred times AM ☐ PM ☐

Declaration: I declare that the information given in this form is correct & complete

(Signed) ..... (Date) .....

Print name: .....