

Nomination Form for Appointment as HCSA Trustee

I wish to submit my name for consideration as a Health Care Supply Association (“HCSA”) Trustee.

Supporting Statement

(Continue on a separate sheet as appropriate)

Full Name: <i>(Full legal name inc. Middle names)</i>	
Date of Birth:	
Signature of Nominee:	
Date:	

Statement of Eligibility

I confirm that I am eligible to become a Trustee and that I am:	Confirmation
• <i>HCSA Member (Trustees must hold membership of the HCSA)</i>	Yes / No
• <i>Not disqualified under the Charities Act</i>	Yes / No
• <i>Not disqualified as a Company director</i>	Yes / No
• <i>Do not have an unspent conviction for an offence involving dishonesty or deception (such as fraud)</i>	Yes / No
• <i>Are not an undischarged bankrupt (or subject to sequestration in Scotland), or have a current composition or arrangement including an individual voluntary arrangement (IVA)</i>	Yes / No
• <i>Have not been removed as a trustee of any charity by the commission (or the court) because of misconduct or mismanagement</i>	Yes / No

HCSA Member Proposing	
Name of Member	
Signature	
Date	

HCSA Member Seconding	
Name of Member	
Signature	
Date	

This form should be scanned and emailed, to be received NOT later than 27th September 2020, to hcsatrustees@nhsprocurement.org.uk

or by Post

Secretary to the Trustees
 Health Care Supply Association
 c/o Unit 8 Manor Court,
 Barnes Wallis Road,
 Segensworth,
 Fareham,
 PO15 5TH