



International Federation of Professional Aromatherapists

CONFIDENTIAL

GOVERNANCE MEMBERS' DETAILS FORMS/ APPLICATION FORMS - 2018

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- **Declaration of Interests & Eligibility – Pages 4 to 6**
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GOVERNANCE MEMBER PERSONAL INFORMATION

Information required	Information currently on file (Please amend as necessary)
Title	
Forename(s)	
Last name	
Home Address	
Mailing Address if different from the above	
Email address	
Home phone	
Business phone/Fax	
Mobile phone	
Occupation	
IFPA Member? (Y/N)	
If 'yes' to the above, what category of member are you?	
Date of birth	
Gender (M/F)	
Nationality	
Do you consider yourself to have a disability (Y/N)	
Special requirements, eg vegetarian food, wheelchair access, large print	

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GOVERNANCE MEMBER PERSONAL INFORMATION

Biographical Details

Please write a brief 'Pen Portrait' (Biog) for our records and publishing on website and other publicity material.

Signed

Date

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GOVERNANCE MEMBER

DECLARATION OF INTERESTS - GUIDELINES

1) Why must a declaration of interest be made?

It is the duty of IFPA to ensure that, at all times, they maintain the highest standards of probity in all of their dealings. The charity is therefore committed to the highest standard of transparency, integrity and accountability in the ways in which it and its partners operate.

It is a business requirement that all employees and board members make a declaration of their interests, and thereafter that they make annual declarations of the same. The questions in respect of eligibility are asked to ensure that governance members continue to be eligible to serve under the provisions of the charity's constitution and rules. IFPA will also seek Declarations of Interests & Eligibility from individuals, before short listing for a vacancy takes place, in order to ensure that applicants are eligible, or whether additional formalities will be required in order for them to take up the role.

2) What is done with the declaration of interests?

A register of these interests for all staff and governance members must be kept by the charity. Returned forms are held securely by the Charity Secretary and the information provided is entered onto databases on the computer system.

3) The definition of family members

Please note that a family member can be defined as someone who is a relative either by blood or marriage, or may be someone whose relationship is sufficiently close to the governance member or employee that there is a risk any decision taken by the governance member or employee could be subject to, or perceived to be subject to, influence – for example, this includes a person with whom a governance member or employee co-habits, or with whom they have a close friendship.

4) What to do if you have any queries

If you have any queries concerning whether or not an interest you may have should be declared, or indeed any other matter, please contact the Charity Secretary, Russell Morrice, russell@peakprofessionals.co.uk

5. What happens if there are any issues as a result of your declaration?

If your declaration results in any problems or issues, you will be notified of these.

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Members must fully complete all sections of this declaration.

GOVERNANCE MEMBER DECLARATION OF INTERESTS

Name:	<input type="text"/>
Date of Declaration:	<input type="text"/>

Are you a Director/Board Member of any other companies/corporate entities	<input type="text" value="YES / NO"/>
If yes, please provide details	<input type="text"/>

Do you have Directorship / Membership of any Trade Associations?	<input type="text" value="YES / NO"/>
If yes, please provide details	<input type="text"/>

Do you hold a Trusteeship of any charitable bodies?	<input type="text" value="YES / NO"/>
If yes, please provide details	<input type="text"/>

Are you an official or elected member of any statutory bodies?	<input type="text" value="YES / NO"/>
If yes, please provide details	<input type="text"/>

Do you work for another trade or professional body? Or any organisation that could be deemed to be a competitor of IFPA?	<input type="text" value="YES / NO"/>
If yes, please provide details	<input type="text"/>

**GOVERNANCE MEMBER
DECLARATION OF INTERESTS & CONTINUING
ELIGIBILITY**

continued

<p>Are you the owner or controller of more than 2% of a company, the shares of which are publicly quoted, or more than 10% of any other company?</p>	<input type="text" value="YES / NO"/>
<p>If yes, please provide details</p>	<input type="text"/>

<p>Do you have a relationship with existing or potential partners or suppliers of the IFPA?</p>	<input type="text" value="YES / NO"/>
<p>For example: do you or your immediate family, own/control or work for a company, partnership or organisation with which IFPA has a contractual relationship?</p>	
<p>If yes, please provide details</p>	<input type="text"/>

<p>Do you or any of your family work for, or own, a school that has been accredited by IFPA?</p>	<input type="text" value="YES / NO"/>
<p>If yes, please provide details</p>	<input type="text"/>

<p>Are you related to any member of IFPA staff or to a member of the IFPA Board?</p>	<input type="text" value="YES / NO"/>
<p>If yes, please provide details</p>	<input type="text"/>

<p>Are there any other activities with which you are involved, which you feel may conflict with your duties as a governance member of IFPA?</p>	<input type="text" value="YES / NO"/>
<p>If yes, please provide details</p>	<input type="text"/>

GOVERNANCE MEMBER

DECLARATION OF INTERESTS & CONTINUING ELIGIBILITY

Fit & Proper Person Declaration

International Federation of Professional Aromatherapists

Director/Trustee

I, the undersigned, declare that:

I am not disqualified from acting as a charity trustee

I have not been convicted of an offence involving deception or dishonesty (**or** any such conviction is legally regarded as spent)

I have not been involved in tax fraud or other fraudulent behaviour including misrepresentation and/or identity theft

I have not used a tax avoidance scheme featuring charitable reliefs or using a charity to facilitate the avoidance

I have not been involved in designing and /or promoting tax avoidance schemes

I am not an undischarged bankrupt

I have not made compositions or arrangements with my creditors from which I have not been discharged

I have not been removed from serving as a charity trustee, or been stopped from acting in a management position within a charity

I have not been disqualified from serving as a Company Director

I will at all times seek to ensure the charity's funds, and charity tax reliefs received by this organisation, are used only for charitable purposes

Signed.....

Date.....

Home address.....

.....

Previous address if moved in past 12 months

.....

Date of birth.....

National Insurance number

National Identity Card Number (If you have one).....

If you have signed this declaration but want to make any information known or clarify any points please add them in the space below

Signature: ----- **Date:** -----

CONSENT TO ACT AS DIRECTOR

To: *The International Federation of Professional Aromatherapists* (the “Company”)
Whose Registered Office is: *IFPA House, 82 Ashby Road, Hinckley, Leicestershire*

I hereby consent to act as a director of the Company. My consent will continue until I either revoke my consent or resign as a director.

I certify that I am not disqualified from acting as a director.

To assist the Company in advising all competent authorities including Companies House of my appointment I also provide the following mandatory details:

Full Name: _____ (the “Director”)
Note: Any previous names used in the last 20 years are listed below.

Residential address: *[including postcode]*

Country of Residence:

Date of Birth:

Nationality:

Service Address (if not Company Registered Office)

.....
(Signature of the Director)

...../...../.....
(Date)

Any previous Names:

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GOVERNANCE MEMBER PAYMENT OF EXPENSES

Governance Members may claim expenses which are paid every month. Please give the details of the bank account into which you would like your claims for expenses to be paid. **(NB If you are using this form to apply to be a trustee or a governance member, it is not necessary to give your bank details at this stage).**

Bank/Building Society Details:

Name(s) of Account Holder:	<input type="text"/>																
Bank/Building Society Name:	<input type="text"/>																
Bank/Building Society Address:	<input type="text"/>								Postcode:	<input type="text"/>							
Account No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sort Code:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

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GOVERNANCE MEMBER EMERGENCY CONTACT DETAILS

1st Contact Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
		Postcode:	<input type="text"/>
Tel. No.:	<input type="text"/>	Mobile Tel. No.:	<input type="text"/>

2nd Contact Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
		Postcode:	<input type="text"/>
Tel. No.:	<input type="text"/>	Mobile Tel. No.:	<input type="text"/>