Appendix D - Branch Nomination Consent Form (Election for Membership Council Representatives 2025/26)

To: Director General

I accept the nomination of.....Branch
to be a Membership Council Representative of The Royal British Legion.

I have read and understood the role definition and qualities required for this role and have completed the questions section to demonstrate that I have the necessary skills and standards required for the position of Membership Council Representative. I also understand that by accepting my nomination for this role, I will be required to undertake a basic DBS Check. My failure to consent to that check being conducted will leave me unable to take up the role.

I declare that:

- I am over the age of 18.
- I understand the information collected in support of my nomination for this role and information contained in my profile and CV will be published to RBL's membership in relation to the elections process. Further, I understand that if I am elected to the role, the information collected to support my nomination will be used by RBL in relation to me holding that role.
- I meet the requirements to hold the office of a Membership Council Representative based on the criterion in the Membership Handbook.

Name of Nominee	
Date of Birth	
Contact Numbers (mobile and landline)	(Mobile) (Landline)
Email Address	
Home Address (inc. Postcode)	
National Insurance No. (Required for DBS application)	
Signature	
Date	

Please Note: All nominees will be subject to a basic DBS check.