

**The Council on Alcohol and Other Drugs (CAOD)**

Thank you for agreeing to be a trustee of the CAOD.

May I ask you to provide the following information please? This information is required for your details to be added to the Charity Commission website..

Very many thanks indeed for your help!

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| **Information about all key people i.e. of all trustees together with the “account operators”**  |
| **Full name** |  |
| **Personal Address** |  |
| **Previous Address (if moved in last twelve months)** |  |
| **Contact email** |  |
| **Contact phone number** |  |
| **Date of birth** |  |
| **Place of birth** |  |
| **Country of birth** |  |
| **Nationality** |  |