**MS1 FOR THE YEAR COMMENCING 1st OCTOBER 20\_\_\_\_\_\_\_**

All sections of this form must be completed in capitals at or after the Branch Annual General Meeting. Completed forms must be sent to the Membership Engagement Officer by 31 December (hard copy by post–recorded delivery, or scanned copy by email). One copy must be retained by the Branch for their records.

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| **SECTION 1 - BRANCH INFORMATION** | | | |
| **BRANCH NAME:** |  | **BR CODE:** | BR |
| **WEBSITE ADDRESS:** |  | | |
| **MEETING PLACE:** |  | | |
| **MEETING DETAILS:** | Monthly / Bi-monthly / Quarterly Other (please specify): | | |

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| **SECTION 2** - **BRANCH ACCOUNTS AND ELECTIONS CONTACT DETAILS**  Please confirm below the Branch contact that the information for the completion of Branch Accounts and the information for National and MC Elections should be sent to. In the first instance, this should be the Treasurer and Chair respectively and should be the rbl.community email address.  If the email box is left blank, paper copies will be sent to the nominated contact. | |
| **Branch Accounts email address contact:** |  |
| **Branch Election Information email address contact:** |  |

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| **SECTION 3** - **BRANCH OFFICERS AND APPOINTMENTS** |
| **BRANCH OFFICERS**  Please note that the following positions must be fulfilled - Chairman, Treasurer, Secretary (except for a Vice-Chairman who is not a compulsory Officer) - and one person cannot hold more than one of the Branch Officer positions. Close family members must not hold positions in which they approve each other’s expenses or oversee and check on the work of another. |
| **SECTION 4** - **DECLARATION OF ACKNOWLEDGEMENT OF RESPONSIBILITIES**  **This section must be fully completed and signed by all Branch Officers / Committee Members / Appointments. The minimum number of Committee members is 3, and the maximum – 7.**  Where an Officer/Committee Member/Appointment is elected/appointed during the year the declaration must be read and agreed by them. This action must be minuted at their first meeting. |
| By completing the form below, I confirm that I am eligible for election to the Branch Committee and I have been duly elected. I acknowledge my responsibility as Branch Officer/Committee Member and agree to follow in every respect the duties and responsibilities as contained in the Royal Charter and the Membership Handbook and as required by the Board of Trustees, and the Membership Council. I will be vigilant to serve the interests of the Royal British Legion at all times. I will adhere to the data protection rules outlined in GDPR.  The contact details you have provided on the form will be used for communications between Branch Officer/Committee Members, and for communications from RBL staff relevant to your role via the rbl.community email addresses. These contact details may be shared with individuals within RBL who need to contact you in relation to branch matters. We would like to ensure that your contact details are accurate and up to date and would ask that you inform your Membership Engagement Officer if there are any changes.  As your role is one on which the reputation of the RBL will rest or you may be managing Legion finances, all roles are required to read the MS1 Self Declaration document and must sign below to say that they confirm that the statements are correct and also that you consent to a DBS check being carried out if the RBL requests it. |

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| **BRANCH OFFICERS** |

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| **BRANCH CHAIR** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Telephone |  | | | | | | |
| Email (Personal) |  | | | | | | |
| Email (RBL.Community) |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| **VICE-CHAIR (OPTIONAL)** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Telephone |  | | | | | | |
| Email (Personal) |  | | | | | | |
| Email (RBL.Community) |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| **SECRETARY** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Telephone |  | | | | | | |
| Email (Personal) |  | | | | | | |
| Email (RBL.Community) |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| **TREASURER (APPOINTED, NOT ELECTED)** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Telephone |  | | | | | | |
| Email (Personal) |  | | | | | | |
| Email (RBL.Community) |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| **BRANCH APPOINTMENTS** |

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| **PRESIDENT (OPTIONAL)** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Telephone |  | | | | | | |
| Email (Personal) |  | | | | | | |
| Email (RBL.Community) |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| **MEMBERSHIP SECRETARY** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Telephone |  | | | | | | |
| Email (Personal) |  | | | | | | |
| Email (RBL.Community) |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| **BRANCH COMMUNITY SUPPORT (BCS) REPRESENTATIVE (if Branch delivers the Branch Community Support)** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Telephone |  | | | | | | |
| Email (Personal) |  | | | | | | |
| Email (RBL.Community) |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| **COMMITTEE MEMBER** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| **COMMITTEE MEMBER** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMMITTEE MEMBER** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| **COMMITTEE MEMBER** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

***PLEASE PRINT DUPLICATES OF THIS SHEET IF REQUIRED.***

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| **BCS Supporter** | | | | | | | |
| Membership Number |  | | | | | | |
| Email Address |  | | | | | | |
| Name |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| **BCS Supporter** | | | | | | | |
| Membership Number |  | | | | | | |
| Email Address |  | | | | | | |
| Name |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **BCS Supporter** | | | | | | | |
| Membership Number |  | | | | | | |
| Email Address |  | | | | | | |
| Name |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

***PLEASE PRINT DUPLICATES OF THIS SHEET IF REQUIRED.***

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| **MID YEAR AMMENDMENT *(ONLY PRINT IF RQD.)*** | | | | | | | |
| **SECTION 3** - **BRANCH OFFICERS AND APPOINTMENTS** | | | | | | | |
| **BRANCH OFFICERS**  Please note that the following positions must be fulfilled - Chairman, Treasurer, Secretary (except for a Vice-Chairman who is not a compulsory Officer) - and one person cannot hold more than one of the Branch Officer positions. Close family members must not hold positions in which they approve each other’s expenses or oversee and check on the work of another. | | | | | | | |
| **SECTION 4** - **DECLARATION OF ACKNOWLEDGEMENT OF RESPONSIBILITIES**  **This section must be fully completed and signed by all Branch Officers / Committee Members / Appointments. The minimum number of Committee members is 3, and the maximum – 7.**  Where an Officer/Committee Member/Appointment is elected/appointed during the year the declaration must be read and agreed by them. This action must be minuted at their first meeting. | | | | | | | |
| By completing the form below, I confirm that I am eligible for election to the Branch Committee and I have been duly elected. I acknowledge my responsibility as Branch Officer/Committee Member and agree to follow in every respect the duties and responsibilities as contained in the Royal Charter and the Membership Handbook and as required by the Board of Trustees, and the Membership Council. I will be vigilant to serve the interests of the Royal British Legion at all times. I will adhere to the data protection rules outlined in GDPR.    The contact details you have provided on the form will be used for communications between Branch Officer/Committee Members, and for communications from RBL staff relevant to your role. These contact details may be shared with individuals within RBL who need to contact you in relation to branch matters. We would like to ensure that your contact details are accurate and up to date and would ask that you inform your Membership Engagement Officer if there are any changes.    As your role is one on which the reputation of the RBL will rest or you may be managing Legion finances, all roles are required to read the MS1 Self Declaration document and must sign below to say that they confirm that the statements are correct and also that you consent to a DBS check being carried out if the RBL requests it. | | | | | | | |
| **POSITION** |  | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Telephone |  | | | | | | |
| Email (Personal) |  | | | | | | |
| Email (RBL.Community) |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |

***PLEASE PRINT DUPLICATES OF THIS SHEET IF REQUIRED.***