# MS1 FOR COUNTY SUPPORTED BRANCH FOR THE YEAR COMMENCING 1<sup>st</sup> 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 Support 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.

SECTION 1 - BRANCH INFORMATION							
BRANCH NAME:			BR CODE:	BR			
WEBSITE ADDRESS:			-				
BRANCH MEETING DETAILS: E.g. First Wednesday of each month at 19:30							
MEETING PLACE:			Postcode:				
Branch email contact							
Does the Branch have a	Standa	rd? Yes		No			
	SE	CTION 2 – BRANCH POINTS OF CONTACT (ESSENTIAL	)				
1 <sup>ST</sup> POINT OF	Name						
CONTACT	Addre	SS:					
Membership	Telepl	none:					
Number:	Email:						
		ne:					
CONTACT	Addre	ress:					
Membership	<b>T</b> . I I						
Number:	Telephone:						
	Email:						
		BRANCH APPOINTMENTS (OPTIONAL)					
STANDARD BEARER		Name:					
Membership Number:		Address:					
Please note that Standard Bearers must also sign Section 5 of this form		Telephone:					
		Email:					
<b>POPPY APPEAL ORGANISER:</b> (optional appointment –		Name:					
must be approved by th Poppy Appeal)		Address:					
Membership Number:		Telephone:					
		Email:					
		Name:					

BRANCH COMMUNITY SUPPORT (BCS) REPRESENTATIVE		Address:				
(If Branch delivers the Branch Community Supp	ort)	Telephone	2:			
Membership Number:		Email:				
SECTION 3 - ELECTIONS CONTACT DETAILS Please confirm below the contact email address that ballot forms and election packs for National Elections should be sent to. If left blank, paper copies will be sent.						
Election Information:	Name:		Role:			
	Cont	act email:				

### SECTION 4 - DECLARATION OF ACKNOWLEDGEMENT OF RESPONSIBILITIES

This section must be fully completed and signed by all Branch Points of Contact and Appointments. Where a Point of Contact /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 have been duly elected or appointed. I acknowledge my responsibility as Branch Point of Contact or in my Branch Appointment 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 Points of Contact or those holding Branch Appointment, 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 Support 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 Disclosure 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.

#### POINT OF CONTACT 1

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 MSO 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:				
	0					
Are you happy for your telephone number to be published on the Branch website so					No	
Name: Are you happy for your telephone nu members of the public can contact yo	•	Date: ebsite so	Yes		No	

# THE ROYAL BRITISH LEGION – FORM MS1 – BRANCH INFORMATION

	POINT OF CONTACT 2							
By signing below, I confirm that: the s	statements in the MS1 Self Declaration	n to be true and, whe	ere a s	tater	nent	is		
not true, I have made a disclosure(s)	to the Safeguarding Team via my MSO	which has been acc	epted	by th	ne			
Legion and does not prevent me from	n carrying out this role; and that I will i	nform RBL of any ch	anges	in m	у			
circumstances which would affect the	e veracity of this declaration.							
Name:	Signature:	Date:						
By signing below, Lgive my consent to	TRBL to conduct a Criminal Record ch	l Jeck if so required						
		1						
Name:	Signature:	Date:						
Are you happy for your telephone nu	mber to be published on the Branch w	ebsite so	Yes		No			
members of the public can contact yo	ou about Branch matters.							
	BCS REP							
By signing below, I confirm that: the s	statements in the MS1 Self Declaratior	n to be true and, whe	ere a s	tater	nent	is		
not true, I have made a disclosure(s)	to the Safeguarding Team via my MSO	which has been acc	epted	by th	ne			
Legion and does not prevent me from	n carrying out this role; and that I will i	nform RBL of any ch	anges	in m	у			
circumstances which would affect the	e veracity of this declaration.							
Name:	Signature:	Date:						
By signing below, I give my consent to	o TRBL to conduct a Criminal Record ch	neck if so required.						
Name:	Signature:	Date:						
Nume.	Signature.	Date.						
						1		
	mber to be published on the Branch w	vebsite so	Yes		No			
members of the public can contact yo								
· · · · · ·	STANDARD BEARER							
	statements in the MS1 Self Declaration					is		
	to the Safeguarding Team via my MSO		•	•				
	n carrying out this role; and that I will i	nform RBL of any ch	anges	in m	у			
circumstances which would affect the	*							
Name:	Signature:	Date:						
By signing below, I give my consent to	TRBL to conduct a Criminal Record ch	neck if so required.						
Name:	Signature:	Date:						
	where the worklickersters the During th		Ver		NI -			
	mber to be published on the Branch w	repsite so	Yes		No			
members of the public can contact yo	members of the public can contact you about Branch matters.							

PLEASE CONTINUE ON A SEPARATE SHEET IF REQUIRED.

#### SECTION 5 - STANDARD BEARER AND STANDARD BEARER JUDGE PHYSICAL FITNESS CONFIRMATION

This section must be signed by the appointed Standard Bearer and anyone who will act as a Judge at the Standard Bearer competitions. During competitions and remembrance events the Royal British Legion will make every effort to ensure their safety, however, as with any physical activity, there are health risks and a minimum level of physical fitness is required.

#### I confirm that:

- 1. In accordance with Chapter 6 of the Ceremonial Handbook, I have read and understood the responsibilities and risks associated with Standard Bearing and Judging, including but not limited to:
  - Standard bearing/judging is a physical activity and so I must ensure I am both physically fit and strong enough to carry a Standard in all reasonable weather conditions.
  - As a Standard Bearer I will be expected to be able to carry a Standard which is 8ft long and up to 3.5kg in weight (in wet or windy weather conditions Standards may become heavier and difficult to hold upright);
  - Some actions such as Dips may put a strain on the back and shoulders;
  - A Standard Bearer Judge I may be required to remain on my feet for periods of up to 3 hours.
  - Competitions and remembrance events may prove demanding and stressful for some.
- 2. If I am in receipt of any disability related allowance or benefit, I will inform the appropriate authorities of my intention to undertake the role of Standard Bearer and/or Judge as this may affect my eligibility status.
- 3. To my knowledge, I have no physical conditions or disability that could potentially put me or others at harm whilst performing my duties as a Standard Bearer/Standard Bearer Judge. If I have, or suspect I have, a health problem which means I may not be able to fulfil all duties required of the role safely, I undertake to inform the appropriate Ceremonial Officer in charge of the competition/remembrance event.

ROLE	NAME (PRINT)	SIGNATURE	DATE
STANDARD BEARER			
STANDARD BEARER JUDGE			