

**Haringey** Council

## APPENDIX 3

### STANDARDS COMMITTEE

#### APPLICATION FORM – INDEPENDENT MEMBER

*Please read the person specification before you complete the form.*

##### 1. PERSONAL DETAILS

*Please use capitals for this section*

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

##### 2. EMPLOYMENT AND OTHER RELEVANT EXPERIENCE

Are you in employment? *Tick* YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, are you retired? \_\_\_\_\_

If you are in employment, can you be contacted at work? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_

If YES, please provide a telephone number and/or fax and/or email

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

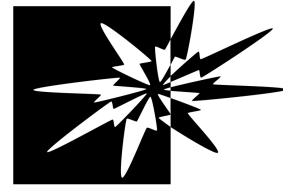
Email: \_\_\_\_\_

Please give a **brief** description of duties/experience relevant to this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**3. GENERAL**

Canvassing of Councillors or Officers in relation to this appointment will **disqualify** you.

Are you related to, or a friend or in a personal relationship with a Councillor, co-opted member, or officer of the Authority?

YES\_\_\_ NO\_\_\_

If YES, please give name of Member or Officer\_\_\_\_\_

Relationship\_\_\_\_\_

Are you a member of any political party?

YES\_\_\_ NO\_\_\_

Have you been a member or co-opted member of Haringey in the last 12 months?

YES\_\_\_ NO\_\_\_ If Yes, please give details\_\_\_\_\_

Are you currently a member or co-opted member of any local authority or other public body?

YES\_\_\_ NO\_\_\_ If Yes, please give details\_\_\_\_\_

Are you an employee of a local authority or other public body?

YES\_\_\_ NO\_\_\_ If Yes, please give details\_\_\_\_\_

Are you able to attend evening and occasional daytime meetings?

YES\_\_\_ NO\_\_\_

**4. EDUCATION, TRAINING & QUALIFICATIONS**

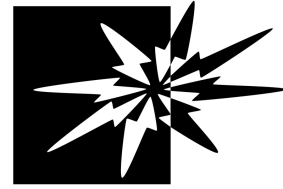
Please **list** any qualifications attained, training courses attended and membership of any professional bodies, if any, with dates:

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**5. EXPERIENCE/ SKILLS/ FURTHER INFORMATION**

Please state how your experience, skills and achievements to date, both inside and outside paid work, or through study, make you a suitable candidate for this position. Please ensure that you have read the job description and candidate specification for the post and have given us sufficient information to describe how you meet each of the requirements set out in the candidate specification.

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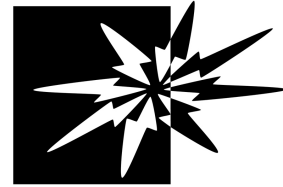
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You may continue on an additional sheet. Please make sure your name is on any additional sheet.

**6. REFEREE**

Please provide the name and address and contact details for someone who has agreed to act as your referee for this position. This must not be a family member.

Name:

Address:

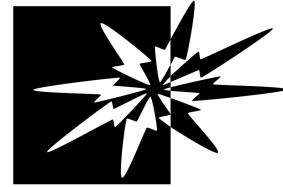
Tel. No:

Email:

**7. DECLARATION**

I declare that to the best of my knowledge the information I have given on this form is correct and that I have not omitted any facts which may have a bearing on my application. I understand that if any of the information provided by me is found to be false, my membership of the Committee may be terminated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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**8. REHABILITATION OF OFFENDERS ACT**

The Rehabilitation of Offenders Act provides that, after a period of time, people who have been convicted of criminal offences and who have served their sentences or paid their fine may with certain exceptions, be rehabilitated and allowed to treat the conviction as being “spent”. **If you have any criminal convictions which are not “spent” please disclose those convictions.**

Please complete the following declaration:

Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Do you have a criminal conviction(s)?: Yes \_\_\_ No \_\_\_

If your answer is Yes, please provide full details of the offence(s) and conviction(s) below.

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_