

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? _____

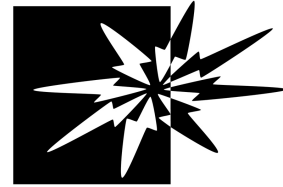
If you are in employment, can you be contacted at work? YES _____ NO _____

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?

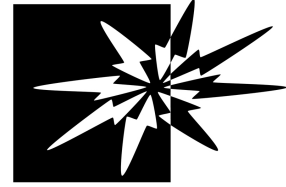
YES___ NO___ If Yes, please give details_____

Are you able to attend evening and occasional daytime meetings?

YES___ NO___

4. EDUCATION, TRAINING & QUALIFICATIONS

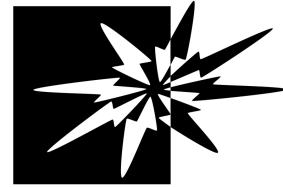
Please **list** any qualifications attained, training courses attended and membership of any professional bodies, if any, with dates:



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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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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:

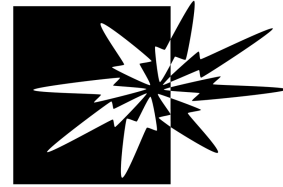
Tel. No:

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.

Signed: _____ Date: _____