



## Gloucester City Council Audit and Governance Committee Independent Member Application Form



Individuals who wish to be considered for the appointment as a member of the Audit and Governance Committee are requested to provide the following information to support their application. All information provided will be treated in the strictest confidence and will only be used for the purposes of selecting an Audit and Governance Committee Independent Member.

Please complete this form in BLACK INK. Please feel free to use a separate continuation page if you wish to expand upon your answer to any question below.

Name	
Address	
Contact Details	 Daytime Telephone Number:  Email Address:
Your Qualifications	Please list any qualifications which you think are relevant to membership of the Audit and Governance Committee.

<p>Summary of Experience</p>	<p>Please give a brief account of your experience including career, public and voluntary work together with the nature of your current occupation.</p>
<p>Relevant Expertise / Skills</p>	<p>Please briefly state any knowledge or expertise which you believe would be particularly relevant to your role as a committee member.</p>

<p>Attributes</p>	<p>Why do you wish to be considered for membership of the Audit and Governance Committee and what particular attributes do you believe you would bring to the work of the Committee?</p>
<p>Political Activity</p>	<p>The information in this section will be used to help assess your experience and skills as well as for monitoring purposes. If you were selected, this information may be included in public announcements of your appointment.</p> <p>Please tick those activities if any, which you have undertaken within the past five years.</p> <p><input type="checkbox"/> Candidate for public political office (e.g. Councillor, MP, MEP)</p> <p><input type="checkbox"/> Held office in political party (e.g. Branch Chairman, Secretary or Treasurer)</p> <p><input type="checkbox"/> Other political involvement</p> <p>If you have ticked any of the above, please give details here: Name of political party (if any) with which are associated:</p>
<p>Issues involving the City Council</p>	<p>Please state if you are currently, or within the last five years, have been in dispute with the City Council.</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If yes, please give details.</p>

<p>Request for References</p>	<p>Please provide the names, addresses and contact telephone numbers of two persons whom we could approach for reference purposes:-</p>
<p>Your Name</p>	
<p>Referee 1</p>	<p>Name:</p> <p>Address:</p> <p></p>
<p>Referee 2</p>	<p>Name:</p> <p>Address:</p> <p></p>