

CITY OF YORK COUNCIL

**APPLICATION FOR THE POSITION OF INDEPENDENT
MEMBER**

Individuals who wish to be considered for appointment as an Independent Member of the Audit and Governance Committee at the City of York Council 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 selection. Please feel free to expand the boxes or use a separate continuation page if you wish to enlarge upon your answer to any question outlined below.

1. PERSONAL DETAILS

Name:

Address:

Postcode:

Contact Details:

Daytime Telephone Number:

Email Address:

2. QUALIFICATIONS

(Please list in particular any qualifications which you think are relevant to the position of Independent Member, or where a particular qualification is an essential requirement of the role).

3. SUMMARY OF EXPERIENCE

(Please give a brief account of your experience including career, public and voluntary work together with the nature of your current or most recent occupation).

4. RELEVANT EXPERTISE/SKILLS

(Please outline briefly any knowledge or expertise which you believe would be particularly relevant to your role as an Independent Member having regard to the person specification).

5. Why do you wish to be considered for appointment as Independent Member and what particular attributes do you believe you would bring to the role?

6. Please provide any additional information you may wish to give in support of your application:

7. References: Please supply details of two referees who are not related to you and who are able to comment on your suitability for appointment. (your referees will be contacted without further notice to you, unless you indicate to the contrary).

Name:

Address:

Telephone No:

Email Address:

Name:

Address:

Telephone No:

Email Address:

8. Please give details of any unspent criminal convictions. Do not disclose convictions which are spent under the Rehabilitation of Offenders Act 1974.

9. Please indicate whether there is any matter concerning your own conduct which, if it were generally known, might affect public confidence in your ability to carry out this role.

10. Please indicate whether you have any commitments which would regularly prevent you from being available in the daytime and give the nature of that commitment.

I wish to apply to be an Independent Member.

In submitting this application, I declare that:

- I am not and have not within the last five years been a member, co-opted member or Officer of the City of York Council or any Parish Council in York.
- I am not the relative or close friend of a Member, or co-opted Member or Officer of the City of York Council or any Town or Parish Council in York.
- I am not actively engaged in local party political activity and have no formal connection with any political group.
- I have no criminal convictions and I am not an undischarged bankrupt.
- I have no significant business dealings with the Council.
- I am not aware of any conduct on my part which might reasonably cast doubt on my suitability to act as an Independent Member.

Signed

Date

Please return this application form by midnight on **30th May 2022** by email if possible, however, if this is not possible, please send to:

The Monitoring Officer
City of York Council
West Offices
Station Rise
York YO1 6GA

Email: monitoringofficer@york.gov.uk