



Application form for appointment as Independent Member of the Audit and Governance Committee

Surname followed by Title:

Forename(s):

Full home address including postcode:

Contact numbers:

Home:

Work:

Mobile:

e – mail:

Present or most recent employment:

(employer's name, address, telephone number and nature of business)

Position held:

Main Duties:

Previous Employment:

Membership of professional bodies, societies and clubs:

Any other relevant activities you wish to tell us about:

Relationships:

Are you related to, or do you have a close association with, any Member or Officer of the Borough Council? *Please tick the appropriate box. If the answer is **yes**, please give details below:*

Yes No

Employment:

Have you been employed by Tunbridge Wells Borough Council or been a Member of the Council in the past five years? *Please tick the appropriate box. If the answer is **yes**, please give details below :*

Yes No

Bankruptcy:

Have you ever been adjudged bankrupt? Please tick the appropriate box. If the answer is yes, please give details below:

Yes No

Grant Aided:

Have you ever held significant office in an organisation which has been grant aided or supported by the Council? *Please tick the appropriate box. If the answer is yes, please give details below:*

Yes No

Complaint:

Have you ever made a complaint about any of the Council's services? *Please tick the appropriate box. If the answer is yes, please give details below:*

Yes No

Reasons:

Please give your reasons for applying for membership of the Audit and Governance Committee, together with details of any previous experience or special skills. Continue on a separate sheet if necessary.

References:

Please give details of two people, who should not be related to you, from whom a reference may be requested. The first reference should be from your most present or more recent employer. Please indicate whether or not we may approach the referees before interview.

<p>Name:</p> <p>Address:</p> <p>Tel no:</p> <p>Can be contacted before interview: yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Name:</p> <p>Address:</p> <p>Tel no:</p> <p>Can be contacted before interview: yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Disability: Under the Equality Act 2010 (which replaced the Disability Discrimination Act 1995) a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

Do you consider yourself disabled as defined above:

Yes No

Disclosure of convictions, cautions or bind-over orders:

Please tick the appropriate box and include the relevant details

I have no criminal conviction, caution or bind-over orders to disclose.

I have the following criminal convictions, cautions or bind-over orders to disclose:

(Under the provisions of The Rehabilitation of Offenders Act 1974 you are not required to declare or give details of any spent convictions)

Political affiliation:

Do you belong to a political party? If so, please state which party and office or position you hold in it:

Signature: I confirm to the best of my knowledge that the information I have supplied on this form is correct. I understand that deliberately giving false or incomplete information would disqualify me from appointment or, in the event of discovery after appointment, make me liable to removal from office.

Signed:

Date:

Please return the completed application form to:

Wendy Newton-May, Democratic Services, Tunbridge Wells Borough Council, Town Hall, Royal Tunbridge Wells, Kent, TN1 1RS

Closing date for applications is Friday 28 March at 5pm