**PRIVATE & CONFIDENTIAL**

**Application Form Independent Member of Worcestershire County Council Independent Remuneration Panel**

 This form should be completed by the person applying for appointment to the panel and returned to Democratic Services. Please send the form by e-mail to democraticservices@worcestershire.gov.uk

The closing date for receipt of applications is Friday, 24 November 2023.

**Personal Details**

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| Preferred Title (Mr/Mrs/Ms or other – please specify): Surname:  Forename(s):  |
| Address and postcode:  Email address (we usually contact Panel members by e-mail). Telephone (home) Telephone (mobile)  |
| Please say whether there is any special provision, equipment or assistance we can provide to help you attend an interview.  |

**Personal History**

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| **What is your current employment status and occupation, if any? If retired or currently not in employment, please provide details of your former occupation and last employer’s details.**        |
| **Please list any vocational, academic and/or professional qualifications**  |

**Reasons for Application**

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| **Please:*** **explain why you would like to become a member of the Independent Remuneration Panel and:**
* **Having read the applicant pack and the role description, how your skills and experience support your application.**

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|  **REFERENCES****Please give details of two people, not related to you, who are able and willing to comment on your suitability for this position.** 1. **Name:**

**Address:****E-mail address:****Telephone number:****How known to you:****May we contact this referee direct if you are invited to interview?**1. **Name:**

**Address:****E-Mail address:****Telephone number:****How known to you:****May we contact this referee direct if you are invited to interview?**  |
|   **DECLARATION****I confirm that:*** **I have read the background information and understand and accept the commitment needed to be an active member of the Independent Remuneration Panel;**
* **I am not a member of Worcestershire County Council, its committees or sub-committees;**
* **I am not disqualified from being a member of a local authority;**
* **The information that I have provided is correct and complete;**
* **I would fully respect the confidentially of the information provided to me as a member of the Panel; and**
* **I would observe any rules set by the Panel and act in good faith in the interests of the Panel.**

Signed:Dated:  |