



Council of the
ISLES OF SCILLY

APPLICATION FOR APPOINTMENT AS AN INDEPENDENT PERSON

Before completing this form please read the background information carefully. Please complete in black ink.

Title
Surname
Forename(s)
Age
Home address
Postcode
Home telephone number
Mobile telephone number
E-mail address

Are there any arrangements which we can make for you if you are called for interview to assist with any disability or for any other reason?

Yes

No

If Yes, please specify

Please give details of any work-related, professional or academic qualifications, and when and where they were obtained.

Are you:

Employed

Self-employed

Not in paid employment

Retired

Other (please specify)

What is your present occupation? *(if applicable)*

When did you start this occupation?

Employment history since completing full-time education. Exclude current employment and start with the next most recent. *Please continue on another sheet and attach, if necessary.*

From	To	Occupation	Employer and Address

Membership of organisations and clubs. *For example, religious groups, cultural organisations, sporting clubs, freemasons, women's organisations, rotary or special interest groups. Please also indicate any position you hold.*

Voluntary work. *Please indicate any position you hold.*

Describe concisely why you wish to become an Independent Person for the Council of the Isles of Scilly and what you can contribute to the role. Please refer to the person specification when completing this section.

Is there anything about you which, if it became generally known, might bring you or the Council into disrepute, or call into question your integrity, authority or standing as an Independent Person? If Yes, please provide details

Yes No

Have you ever been involved in a dispute with the Council of the Isles of Scilly or with any other public authority within the last five years? (if yes, please provide details)

References

One of your referees should be your employer if you are employed. Referees should not be officers or elected Members of the Council of the Isles of Scilly. Referees who are not the candidate's employer should have recent knowledge of the candidate and have known the candidate for at least three years.

REFEREE 1	
Title	
Name	
Address	
Telephone	
Occupation	

REFEREE 2	
Title	
Name	
Address	
Telephone	
Occupation	

Declaration

I have read the information provided with this application form and consider myself qualified to submit this application. By signing below I certify that:

- (i) I am not a member, co-opted member or officer of the Council;
- (ii) I am not a relative or close friend of a person within sub-paragraph (i);
- (iii) I will not have been a member, co-opted member or officer of the Council within the period of 5 years ending on the date on which I might be appointed as an Independent Person;
- (iv) I am politically neutral and will be impartial in undertaking the role;
- (v) I have not been convicted of a criminal offence (other than minor traffic offences) in the last 5 years; and
- (vi) The information which I have given is true and complete to the best of my knowledge and belief.

Signature

Date

Please return your completed form before 12:00 noon on **Wednesday 20 March 2019** to:-

Bob Dawson
Officer: Policy & Scrutiny
Council of the Isles of Scilly
Town Hall
St Mary's
Isles of Scilly, TR21 0LW

E-mail: bob.dawson@scilly.gov.uk

Please mark your envelope or email as PRIVATE & CONFIDENTIAL