**Audit Committee**

**Appointment of an Independent Member**

Application Form

December 2022

**APPLICATION FOR APPOINTMENT AS AN INDEPENDENT MEMBER   
OF THE AUDIT COMMITTEE**

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| **1. PERSONAL DETAILS** |
| **TITLE** : |
| **FULL NAME:** |
|  |
| **HOME ADDRESS:** |
|  |
| **CONTACT TELEPHONE NO:** |
|  |
| **EMAIL:** |
|  |
| **2. Have you ever been a Councillor, co-opted member or officer of Shropshire Council or a Councillor, co-opted member or officer of a parish or town council which falls within Shropshire?** |
| YES/NO |
| *If your answer to this question is yes, please give the date on which you ceased to be a* |
| *Member or employee.* |
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| **3. Are you related to, or a close friend of, a member or employee of Shropshire Council?** |
| YES/NO  *If your answer to this question is yes, please give details below* |
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| **4. Are you, or have you been a member of a political party?** |
| YES/NO  *If the answer to this question is yes, please give details below* |
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| **5. 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 contribute to the work of the Audit Committee.** |
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| **6. Please confirm that you are able to meet the attendance requirements of the role i.e. attending ad hoc meetings (called at short notice) at Council venues or by way of video conference.** |
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| **7. Please say why you wish to be considered for the post of Independent Member and what you could offer the Council. Give brief details of your experience (e.g. employment/business/professional/voluntary/public service) and qualifications, and any other matter which you consider relevant to your suitability for appointment. Please also explain how you meet the role profile and person specification outlined in the application pack.** |
| *continue on a separate sheet if required* |

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| **8. References: Please give the name, address, and telephone number of two referees who are not related to you and are not members of a borough/town or parish council within Shropshire 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).** | |
| **Referee 1** |  |
|  |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| **Referee 2** |  |
|  |
| Name: |  |
| Address |  |
| Telephone Number |  |
| **Data Protection Act**  Information from this form will be processed in accordance with the Data Protection Act 2018. In signing it you agree to this data being held and processed and if appointed to the position you also agree to further personal information, including sensitive data (e.g. bank details) being held and processed by Cheshire East Council in accordance with the Act**.** | |

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| **DECLARATION** | |
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| I wish to be considered for appointment as an Independent Member of the Audit Committee and confirm that, if appointed, I will undertake to observe the code of conduct for councillors and co-opted members of Shropshire Council, as adopted by the Council.  The information which I have given is true and complete to the best of my knowledge and belief. | |
|  | |
| SIGNATURE |  |
|  |  |
| DATE |  |
|  |  |

**Please return the completed application form to:**

Executive Director of Resources

Shropshire Council

Shirehall

Abbey Foregate

Shrewsbury

Shropshire

SY2 6ND

Or [james.walton@shropshire.gov.uk](mailto:james.walton@shropshire.gov.uk)

Deadline for receipt of applications: Friday 20th January 2023