

**APPLICATION FORM:
Independent Remuneration Panel (x1 role)
Audit Committee Member/Chairperson (at least one role)**



About this form

We are looking for people to join our council to participate in the following roles:

- Independent Remuneration Panel (IRP) member to assist in the review of our Members' Allowance Scheme.
- Independent members of the Audit Committee. The current independent member is also the Chair of the Audit Committee and you may be expected to have the necessary skills to act in this capacity.

Further information about the roles and eligibility for appointment can be found in the information pack.

Please send your completed form to:

Di Taylor, Business Support and Development Manager (Governance), Hull City Council, Room 78 The Guildhall Alfred Gelder Street, Hull, HU1 2AA or email to diane.taylor@hullcc.gov.uk.

Please indicate which role you are interested in:

Independent Remuneration Panel

Audit Committee member/chairperson

Your Details

Name:	
Full Address, including postcode:	
Telephone Number:	
Email:	

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Academic, Professional and Vocational Qualifications:

Details of Qualifications	Awarding Body	Date Obtained

**Current Employment History or Association with Voluntary Groups
(last 10 years)**

Employer's name, address and type of business	Dates		Position held and nature of responsibility
	From	To	

Employment Commitments

If employed, are you able to confirm that your employer will release you to carry out the responsibilities of an Independent Member?

Yes

No

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Additional Information:

Please tell us why you are interested in becoming an Independent Member, how your skills and experience align with the position and why you believe you are suitable for the position:

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Do you have any criminal convictions?

YES / NO (delete as applicable)

If yes, please give details

Referees:

Please give details, including full name and address, of two referees.

These must not be related to you and have consented to be approached in relation to your application.

Name:

Full Address, including postcode:

Telephone No:

Email:

Name:

Full Address, including postcode:

Telephone No:

Email:

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Equal Opportunities Monitoring Form

The Council operates an Equal Opportunities in Employment Policy. The information will not be used other than for monitoring purposes and will have no bearing on your application. Hull City Council is committed to achieving fairness and equality in employment and welcomes applications from all sections of the community. No applicant will be treated less favourably or disadvantaged, either directly or indirectly, on the grounds of gender, gender identity, nationality or ethnic origin, disability, religion or belief, sexual orientation, age or any other unjustifiable reason.

Gender:

Ethnic Origin:

a) White	Please tick	b) Mixed	Please tick	c) Asian or Asian British	Please tick
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Any other White background (please write in)	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
		Any other Mixed background (please write in)	<input type="checkbox"/>	Any other Asian background (please write in)	<input type="checkbox"/>

d) Black or Black British	Please tick	e) Chinese or Other Ethnic Group	Please tick	f) Prefer not to say	Please tick
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	Any other (please write in)	<input type="checkbox"/>		
Any other Black background (please write in)	<input type="checkbox"/>				

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*Under the Equality Act 2010, a disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities. Hull City Council is committed to interviewing all disabled applicants who meet the essential criteria of the role. Applicants invited to interview will be asked to let us know of any reasonable adjustments which are needed to ensure the interview is accessible.

Disability*:	
Do you consider yourself to be disabled?	No / Yes (delete as applicable)
If yes, are you registered with the DWP?	No / Yes (delete as applicable)
Please use the space below to describe your disabilities and any special needs that the Council would need to make provisions for.	

What is your sexual orientation?	
Bisexual <input type="checkbox"/>	Heterosexual/straight <input type="checkbox"/>
Gay man <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Gay woman/Lesbian <input type="checkbox"/>	Other <input type="checkbox"/>
What is your religion or belief?	
Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>
Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>
Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>
None <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Any other religion or belief <input type="checkbox"/>	
<i>(please write in)</i>	

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Declaration:

I declare that to the best of my knowledge the information given in this application is true and accurate and I am not disqualified from appointment.

Signed: _____ Date: _____