**Application Form – Chair and Members of the**

**Joint Audit Committee**

**PLEASE INDICATE WHICH ROLE YOU WISH TO BE CONSIDERED FOR:**

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| **CHAIR ONLY** |  | **BOTH ROLES** |  |
| **MEMBER ONLY** |  |  |  |

**PERSONAL DETAILS**

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| --- |
| **TITLE (Mr/Mrs/Ms/Dr etc.)** |
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| --- |
| **NAME IN FULL (Please also give any other names by which you have been known)** |
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| --- |
| PERMANENT HOME ADDRESS |
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| HOW LONG HAVE YOU LIVED AT THIS ADDRESS? |
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| IF LESS THAN FIVE YEARS AT THIS ADDRESS, PLEASE GIVE DETAILS OF YOUR PREVIOUS ADDRESS |
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|  |  |
| --- | --- |
| **DAYTIME TELEPHONE NUMBER** | **EVENING TELEPHONE NUMBER** |
|  |  |
| MOBILE TELEPHONE NUMBER | E-MAIL ADDRESS |
|  |  |

**EDUCATION AND QUALIFICATIONS**

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| --- | --- | --- |
| **School / University / Other Awarding Body** | **Course of Study / Qualifications Obtained** | **Date Obtained** |
|  |  |  |

**EMPLOYMENT HISTORY FOR LAST TEN YEARS (MOST RECENT FIRST)**

|  |  |  |
| --- | --- | --- |
| **NAME AND ADDRESS OF EMPLOYER** | **POSITION AND NATURE OF RESPONSIBILITY** | **DATES** |
|  |  |  |

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| **REASONS FOR APPLYING**  **Please say why you are interested in becoming the Chair or an Independent Member of the Joint Audit Committee** |
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| **RELEVANT SKILLS AND EXPERIENCES – (FOR MEMBERS AND CHAIR)**  **In our application pack, we set out a person specification for the role of Independent Audit Committee member. Please use this section to explain how you can demonstrate you meet that specification** |
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| **RELEVANT SKILLS AND EXPERIENCES – (FOR CHAIR APPLICANTS ONLY)**  **If you wish to be considered for the role of Chair, please use this section to explain how you can demonstrate you meet the specifications for the role, as set out in the application pack** |
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**REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give details of two people, not related to you, who have agreed to be contacted by us about your application.** | | | |
| **1.Name** |  | **2.Name** |  |
| **Address** |  | **Address** |  |
| **Tel No:** |  | **Tel No:** |  |
| **Position** |  | **Position** |  |

**CONVICTIONS**

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| **Have you any unspent convictions? (tick one) YES NO** |
| **Please list below all unspent conviction in chronological order. NB: under the Rehabilitation of Offenders Act 1974, following a certain period of time which depends on the sentence imposed, all convictions except those resulting in prison sentences of more than two and half years are regarded as spent.** |
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| **Please note that all successful applicants will be subject to a vetting process** |

**HOW DID YOU HEAR ABOUT THIS POSITION?**

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| **We would like to know how you learned that we were looking for Independent Audit Committee Members, to help us in the future. If it was through a newspaper, magazine or other publication please state its title and date, or if it was on the internet or social media, please give details** |
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**PLEASE SIGN AND DATE THIS FORM**

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| **I declare that the information I have given is true and complete.** |
| **Signed...........................................................Date...................................................** |

**WHAT TO DO NOW**

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| **Please return this completed Application Form by 6th November 2020 via post or by email to:**  **Office of the Police and Crime Commissioner for Surrey**  **PO Box 412**  **Guildford**  **Surrey GU3 1YJ**  **Or by email:** [**SurreyPCC@surrey.police.uk**](mailto:SurreyPCC@surrey.police.uk)  **If you have any questions or queries, please contact Kelvin Menon, initially via email, at** [**kelvin.menon@surrey.pnn.police.uk**](mailto:kelvin.menon@surrey.pnn.police.uk) **for further information.** |