

EAST DEVON DISTRICT COUNCIL

Council Offices, Blackdown House, Border Road, Heathpark Industrial Estates, Honiton, Devon, EX14 1EJ

Telephone: 01404 515616

**APPLICATION FORM**

**INDEPENDENT REPRESENTATIVE ON EDDC**

**STANDARDS COMMITTEE**

“The Independent Member means a person appointed to the Standards Committee who is not an East Devon District or Town or Parish Councillor, Officer of the Council, or councillor or officer of any other body having a Standards Committee”.

| PERSONAL DETAILS |
| --- |
| **First Name(s):** |  |
| **Surname:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Date of birth:** |  |
| **Telephone number(s):** |  |
| **Email address:** |  |
| **Present employment (if applicable):** |  |
| **Employer name and address:** |  |
| **Professional qualifications (if applicable):**Name of Professional Organisation and Date of Membership |  |
| **Brief Employment History:** |  |
| **Please give details of reasons why you would like to become an Independent Member of the Council’s Standards Committee, and what qualities you feel you could bring to it. We are particularly interested to know if you have any tribunal or magisterial experience that might be relevant to dealing with the Code of Conduct complaints against Councillors (please continue on a separate sheet if necessary).** |
| **SUPPLEMENARY INFORMATION** |
| Have you been convicted of a criminal offence other than motoring offences? | **YES** | **NO** |
| (If YES please provide relevant information on a separate sheet)(Note: Speed convictions need not be declared UNLESS the position for which you are applying is identified on the job description as exempt from the Rehabilitation of Offenders Act 1974). |
| Are you related to or close friend of any Member (Councillor) or Officer of East Devon District Council?If YES states your relationship: | **YES** | **NO** |
| REFERENCES |
| **Please give the names and addresses of 2 persons who are able to provide references relating to your experience and suitability for the role.**(Please tick the box if you would like to be consulted before a referee is contacted)**Referee 1 Referee 2****Name: Name:****Position: Position:****Address: Address:****Tel: Tel:****In what capacity do you know the above?****Referee 1: Referee 2:** |
| CERTIFICATION |
| **I certify that the information I have provided is both complete and accurate in every respect and I understand that false statements will disqualify my appointment.****Signed: Date:** |