**SHEFFIELD CITY COUNCIL**

**Application for the Position of Co-opted Member**

**of the Audit and Standards Committee**

Individuals who wish to be considered for the appointment as a non-voting Co-opted Member of the Audit and Standards Committee are requested to provide the following information to support their application. All information provided will be treated in the strictest confidence and will only be used for the purposes of selecting Committee members. Please feel free to use a separate continuation page if you wish to expand upon your answer to any question outlined below.

**CONFIDENTIAL**

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| **PERSONAL DETAILS** |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Daytime Telephone No: |  |
| Evening Telephone No: (if different from above) |  |
| Mobile Telephone No |  |
| Email Address: |  |

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| QUALIFICATIONS(Please list any qualifications which you think are relevant to the position of Co-opted Member of the Audit and Standards Committee) |
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| SUMMARY OF EXPERIENCE(Please give a brief account of your experience including career, public, private sector, community sector and voluntary work, together with the nature of your current or most recent occupation) |
| **Professional experience:** |

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| RELEVANT EXPERTISE/SKILLS(Please outline briefly any knowledge or expertise which you believe would be particularly relevant to your role as an Co-opted Member of the Audit and Standards Committee, having regard to the person specification for the position) |
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| **Why do you wish to be considered for membership of the Audit and Standards Committee and what particular attributes do you believe you would bring to the work of the Committee?** |
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| **Please provide any additional information you may wish to give to support your application** |
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| **REFERENCES WILL BE TAKEN UP FOR ALL APPLICANTS WHO ARE INVITED FOR INTERVIEW. PLEASE PROVIDE DETAILS OF TWO REFEREES** |
| Name: Address:Telephone No: Email Address:  | Name: Address:Telephone No:Email Address:  |

**DECLARATION:**

I wish to apply to be a Co-opted Member of the Sheffield City Council’s Audit and Standards Committee.

In submitting this application I declare that:

* I am not and have not been a Councillor or an employee of the City Council in the last 5 years.
* I am not related to or closely associated with anyone who is now, or has been in the last 5 years, a Councillor or employee of the City Council.
* I am not and have not been an active member of any political party either now or at any time during the last 5 years.
* I have no criminal convictions.
* I am not an undischarged bankrupt.
* I have no significant business dealings with the City Council.

Signed …………………………………

Date …………………………………….

Please return this application form by midnight on Sunday 13th April 2025 to:

Sarah Hyde,

Democratic Services

Sheffield City Council

Town Hall

Pinstone Street

Sheffield S1 2HH or email to sarah.hyde@sheffield.gov.uk