**SHEFFIELD CITY COUNCIL**

**Application for the Position of Member of the Independent Remuneration Panel (IRP)**

Individuals who wish to be considered for the appointment as a Member of the Independent Remuneration Panel 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 panel members. Please feel free to use a separate continuation page if you wish to expand upon your answer 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: |  |

|  |
| --- |
| Please tell us about yourself and why you wish to be considered for the role of Independent Remuneration Panel Member. |
|  |

**DECLARATION:**

I wish to apply to be Independent Remuneration Panel Member.

In submitting this application, I declare that I am not:

* An elected Member of the local authority;
* A member of any committees of the local authority; and
* Disqualified from becoming a member of the local authority.

Signed …………………………………

Date …………………………………….

Please return this application form to:

Sarah Hyde,

Democratic Services

Sheffield City Council

Floor 3,

Town Hall

Pinstone Street

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