



**APPOINTMENT OF INDEPENDENT MEMBERS TO THE  
CHESHIRE FIRE AUTHORITY**

**Application Form**

This application form is to be completed and returned to:-

Joanne Smith,  
Corporate and Democratic Services Manager,  
Corporate and Democratic Services Office,  
Cheshire Fire and Rescue Service Headquarters,  
Sadler Road,  
Winsford,  
Cheshire,  
CW7 2FQ

**Or:** e-mail to: [joanne.smith@cheshirefire.gov.uk](mailto:joanne.smith@cheshirefire.gov.uk)



<b>PERSONAL DETAILS</b> <i>PLEASE USE BLOCK CAPITALS</i>
Surname:
Forenames (in full):
Title (Dr, Mr, Mrs, Miss, Ms etc):
Place of Birth:
Date of Birth:
Age:
Nationality:
Permanent Address:
Telephone (Home):
Telephone (Work):



**Are you, or have you been in the last ten years, a Councillor or employee of Cheshire Fire and Rescue Service:**

Yes

No

If yes, please give details and dates:

*(If your answer to this question is 'YES' you may not be eligible for appointment as an Independent Member)*

**Are you a Councillor or an Officer of any other Council, Authority or of a Police, Fire Authority, Fire and Rescue Authority or one of their Committees which precludes you from being an Independent member?**

Yes

No

*(If your answer to this question is 'YES' you may not be eligible for appointment as an Independent Member)*

**Have you any close personal, legal or contractual relationship with a member, (including any co-opted Member) or employee of Cheshire Fire and Rescue Service?**

Yes

No

If yes, please give details:



**Are you a current Member of any political party (any membership or previous membership would need to be declared) ?**

Yes

No

If yes, please give details:

**Do you have any criminal convictions?**

Yes

No

If yes, please give details:

**Please indicate whether there is any matter concerning your own conduct which if it were generally known might affect public confidence in your ability to contribute to the work of the Fire Authority.**



**REFEREES**

Please give details, including full name and address, of two referees, not related to you, who have consented to be approached in relation to your application. (We will take up your references if you are shortlisted).

*PLEASE USE BLOCK CAPITALS*

Name:

Address:

Postcode:

Tel No:

Fax No:

Name:

Address:

Postcode:

Tel No:

Fax No:

**ACADEMIC, PROFESSIONAL AND VOCATIONAL QUALIFICATIONS**

Details of Qualifications	Awarding Body	Date obtained



**CURRENT EMPLOYMENT AND EMPLOYMENT HISTORY**

(LAST 10 YEARS ONLY)

Name and address of employer and type of business	Dates		Position held and nature of responsibility
	From	To	



**REASONS FOR APPLYING**

Please say why you are interested in becoming an Independent Member of Fire Authority:



**COMMUNITY ACTIVITIES**

Please indicate any Committee or voluntary activities or organisations with which you are/have been involved in the last 5 years:





**RELEVANT SKILLS AND EXPERIENCE**

Please say what skills, experience and qualities you would bring to the work of the Fire Authority if appointed:



**DECLARATION**

I confirm that the information I have given in this application form is true and complete.

I confirm that I have read the eligibility criteria contained in the pack and that none of the disqualifications apply to me.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Thank you for completing and returning this form.