# APPLICATION FORM

## Standards Committees
## Independent Members

Please complete all relevant sections of this application form. The information provided will be used to assess your suitability for appointment as an Independent Member of a Standards Committee.

Please confirm which Standards Committee you are interested in applying for:

**North Wales Fire & Rescue Authority** ☐

**Flintshire County Council** ☐

**Both** ☐

### 1. Personal Details

| | |
|---|---|
| **Title (Mr/Mrs/Miss/Ms/Other)** | |
| **Surname:** | |
| **Forename(s):** | |
| **Home address:** | |
| **Telephone number:** | |
| **Email address:** | |

### 2. Present Occupation, Employer and Qualifications

Please provide details of your current occupation and employer, together with any relevant professional or academic qualifications.

| |
|---|
| |

3. **Previous Employment with a Local Authority**

Have you ever been employed by any local authority, including a town, community or parish council?

YES ☐ NO ☐

If yes, please provide details, including the name of the authority, your role and the dates of employment.

| |
|---|
| |

4. **Spouse or Partner's Employment**

Is your spouse or partner currently or have been previously employed by any local authority?

YES ☐ NO ☐

If yes, please provide details, including the name of the authority, their role and the dates of employment.

| |
|---|
| |

5. **Membership of a Local Authority**

Are you, or is your spouse or partner, currently or previously a serving councillor of any local authority?

YES ☐ NO ☐

If YES, please provide the name of the Authority and relevant dates:

## 6. Supporting Statement

Please explain why you are interested in serving as an Independent Member of the Standards Committee of North Wales Fire & Rescue Authority and/or Flintshire County Council.

In your response, please describe the skills, experience and personal qualities you would bring to the role, addressing the following criteria:

- listening skills
- ability to understand and weigh up evidence
- ability to come to an objective view and explain that view by reference to the evidence
- team working skills
- respect for others and an understanding of diversity issues
- discretion
- personal integrity
- not have had significant previous disputes with the Authority

Please use the space below to provide your supporting statement.

**Signed:** …….. **Date:** ……

**Complete and send this form via email to:**

**recruitment@northwalesfire.gov.wales**

**Please attach two letters of reference with your application.**

# EQUALITIES MONITORING FORM

| **Name:** | | **Date of Birth:** |
|---|---|---|

**Ethnicity**

| | | | |
|---|---|---|---|
| White (British/Welsh/Scottish/Irish) | ☐ | White Other | ☐ |
| Black/African/Caribbean/Black British | ☐ | Dual Heritage/multiple ethnic backgrounds | ☐ |
| Asian/Asian British | ☐ | Any other Ethnic Group | ☐ |
| Do not wish to state | ☐ | Other, please specify: | ☐ |

**Sex**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **What is your sex**: | | Male | ☐ | Female | ☐ | Intersex | ☐ |
| **Transgender:** (Is your gender different from birth?) | | Yes | ☐ | No | ☐ | Do not wish to state | ☐ |
| **Sexual Orientation**: | | Heterosexual/straight | ☐ | Gay | | | ☐ |
| Lesbian | ☐ | Bisexual | ☐ | Asexual | | | ☐ |
| Pansexual | ☐ | Other | ☐ | Do not wish to state | | | ☐ |

**Marriage or Civil Partnership**

| | | | |
|---|---|---|---|
| Married | ☐ | Living with a partner | ☐ |
| Civil Partnership | ☐ | Single | ☐ |
| Widowed | ☐ | Separated | ☐ |
| Divorced | ☐ | Do not wish to state | ☐ |

**Religion or Belief**

| | | | |
|---|---|---|---|
| No Religion or belief | ☐ | Christian | ☐ |
| Buddhist | ☐ | Hindu | ☐ |
| Jewish | ☐ | Sikh | ☐ |
| Muslim | ☐ | Do not wish to state | ☐ |
| Other religion or belief, please specify: | | | |

**Maternity**

| | | | | | | |
|---|---|---|---|---|---|---|
| Are you currently pregnant, or currently on maternity leave? | Yes | ☐ | No | ☐ | Prefer not to say | ☐ |

**Welsh Language Status?**

| | | | |
|---|---|---|---|
| Fluent | ☐ | Intermediate | ☐ |
| Learning | ☐ | Cannot speak Welsh at all | ☐ |

**Disability and Impairment Categories (Please select one or more)**

☐ **No disability**

☐ **Prefer not to say**

☐ **Physical Impairment**
Impairments affecting mobility, dexterity, stamina or physical functioning.
*Examples: arthritis, orthopaedic conditions, chronic pain, paralysis.*

☐ **Sensory Impairment**
Impairments affecting sight, hearing or other senses.
*Examples: blindness, low vision, deafness, tinnitus.*

☐ **Learning Disability / Specific Learning Difficulty**
Conditions affecting learning, processing or understanding.
*Examples: learning disability, dyslexia, dyscalculia, dysgraphia.*

☐ **Neurodevelopmental Condition**
Conditions affecting brain development or neurocognitive functioning.
*Examples: autism, ADHD.*

☐ **Mental Health Condition**
Long-term conditions affecting thinking, mood, or behaviour.
*Examples: depression, anxiety, bipolar disorder, schizophrenia.*

☐ **Progressive Condition**
Conditions that worsen over time.
*Examples: multiple sclerosis, Parkinson's, motor neurone, and Huntington's disease.*

☐ **Fluctuating or Recurring Condition** *(substantial symptoms/long-term affect day-to-day activities)*
Conditions with variable symptoms over time.
*Examples: fibromyalgia, endometriosis, rheumatoid arthritis.*

☐ **Long-Term Medical Condition / Chronic Illness**
Ongoing conditions not captured above.
*Examples: diabetes, epilepsy, heart disease, chronic fatigue syndrome, cancer.*

☐ **Other Disability or Long-Term Condition**
*(Please specify):*