



APPLICATION FORM

Title (Mr/Mrs/Miss/Ms)	
Surname	
Forename(s)	

Contact information

Home address	
Phone number	
Email	

- 1 Please provide details of your present occupation and employer and any work related professional or academic qualifications.

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2 Have you ever worked for North Wales Fire and Rescue Authority or any other local authority including a town, community or parish council?

YES NO

If YES, please give details including dates

3 Is your spouse or partner employed by any local authority?

YES NO

If YES, please give details

4 Are you or your spouse or partner, or have either of you ever been, a serving member of any local authority?

YES NO

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

5 Are you a member of any political party or active in local politics?

YES NO

If YES, please give details

6 Have you had any significant dealings with North Wales Fire and Rescue Authority since it was formed?

YES NO

If YES, please give details

7 Is there anything in your private or working life or in your past or to your knowledge in that any member of your family or close friends which, if it became generally known might bring you into disrepute or call into question your integrity, authority or standing in the community?

YES NO

If YES, please give details

- 8 Please indicate why you are interested in serving as an independent member on the Standards Committee of North Wales Fire and Rescue Authority. Include details of any previous experience or personal attributes which you believe make you particularly suitable for this role.

[Empty rectangular box for signature and date]

Signed: **Date:**

Complete and send this form via email to :

Alwen.davies@nwales-fireservice.org.uk

or post to:

**Alwen Pritchard Davies
North Wales Fire and Rescue Service
Ffordd Salesbury
Llanelwy LL17 0JJ**

***You must present 2 letters of reference with your application**

Equality Monitoring Form

Gender and Gender Identity

What is your gender? Female

Male

At birth were you described as? Female

Male

Intersex

Prefer not to say

Disability

Are your day-to-day activities limited because of a physical or mental health condition, illness or disability which has lasted, or is expected to last 12 months or more? Yes – limited a lot

Yes – limited a little

No

Prefer not to say

Age

What is your date of birth?:

National Identity

National Identity – how would you describe your national identity?

Welsh English Scottish Northern Irish British

Other (please specify) Prefer not to say

Ethnic Group

Ethnicity – how would you describe your ethnic group?

White

Welsh/English/Scottish/Northern Irish/British Irish

Gypsy or Irish Traveller Any other white background (please specify):

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian

Any other Mixed/multiple ethnic background (please specify):

Asian/Asian British

Indian Pakistani Bangladeshi Chinese

Any other Asian background (please specify):

Black/African/Caribbean/Black British

African Caribbean

Any other Black/African/Caribbean background (please specify):

Other ethnic group

Arab

Any other ethnic group (please specify):

Prefer not to say

Welsh Language

Please describe your Welsh language ability by ticking the relevant box(es) below.

	Understand	Speak	Read	Write
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexual Identity

Which of the following options best describes how you think of yourself?

<input type="checkbox"/> Heterosexual/straight	<input type="checkbox"/> Gay or lesbian	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say	

Religion

What is your religion?

<input type="checkbox"/> No religion	<input type="checkbox"/> Christian (all denominations)	<input type="checkbox"/> Buddhist	
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> Any other religion (please specify):	<input type="checkbox"/> Prefer not to say		

Pregnancy and Maternity

Are you currently pregnant or have you been pregnant within the last year?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Prefer not to say
Have you taken maternity leave within the past year?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Prefer not to say

Marriage and Civil Partnership

What is your legal marital or same sex civil partnership status?	<input type="checkbox"/> Single, that is never married and never registered in a same sex civil partnership
	<input type="checkbox"/> Married and living with husband/wife
	<input type="checkbox"/> Separated but still legally married
	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Widowed
	<input type="checkbox"/> In a registered same-sex civil partnership and living with your partner
	<input type="checkbox"/> Separated, but still legally in a same-sex civil partnership
	<input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved
	<input type="checkbox"/> Surviving partner from a same-sex civil partnership
	<input type="checkbox"/> Prefer not to say