

For office use only	
Application Reference	



APPLICATION

to be an Independent Member of the Joint Audit Committee

Candidate Name -----

Application for (please tick all that apply):

AUDIT COMMITTEE CHAIR

AUDIT COMMITTEE MEMBER

Please note: for Chair applications please ensure you complete the Chair specific competency – f. Chair leadership.

Please type or complete in dark ink
Please note that you are asked not to submit a Curriculum Vita

This form is available in Rich Text and large print formats. If you require another format please contact, by email Lynsey.Brown@cambs.pnn.police.uk or call 01954 713261 for assistance.

1 Personal Details

Title: (Mr, Mrs, Miss, Ms, Dr, etc)	
First name (s):	
Surname: <i>If you have been known by any other names, please provide them</i>	
Permanent home address:	
Postcode:	Time lived at this address:
<i>If less than five years at the above address, please provide details of your previous address(es) during this period</i>	
Telephone (day):	Telephone (eve):
Telephone (mob):	E-mail:

Please note the various grounds which would disqualify applicants from becoming an Independent Member of the Joint Audit Committee. The following are not eligible to be Chair or Members:-

- Please refer to the Disqualifications document

Note: Successful applicants will be required to complete the Police vetting process prior to appointment.

2 Personal History

Recent Occupations

Please provide details of part-time and full-time employment. Please feel free to continue on a separate sheet if necessary.

Name and address of employer/appointing body	Dates position held (from/to)	Position held and nature of responsibility

Name and address of employer/appointing body	Dates position held (from/to)	Position held and nature of responsibility

Please provide details of any voluntary work you have done and experience you may have of working within the local community

Name of body, interest group or community and address (if applicable)	Dates of your involvement (from / to)	Nature of your involvement including any positions of responsibility

Please provide details of any academic, professional and/or vocational qualifications

Qualification	Date obtained

3 Relevant skills and experience

Please give an example of a particular project/activity or key decision you have been involved in which meets the criteria set out in the Person Specification under each competency.

a. Strategic thinking

Breadth of vision – the ability to rise above detail, and to see problems and issues from a wider, forward-looking perspective. Bring experience and best practice from other organisations.

(Please use no more than 200 words in completing this section)

b. Audit activity & risk management

Experience of leading, conducting or reviewing audit activity. A good understanding of the roles of Internal and External Audit. Understanding & experience of assessing organisational risk and implementing measures & controls

(Please use no more than 200 words in completing this section)

c. Ability to scrutinise / challenge

Ability to rigorously scrutinise and challenge constructively, use appropriate data, evidence and resources.

(Please use no more than 200 words in completing this section)

d. Analytical ability

Ability to interpret and question complex written material, including financial and statistical information, performance measures, identifies salient points.

(Please use no more than 200 words in completing this section)

e. Community engagement

To understand the importance of community views in shaping local policing style and be prepared to represent their views in an impartial way.

(Please use no more than 200 words in completing this section)

f. Chair leadership

Demonstrate leadership of senior meetings, boards, committees or teams.

(Please use no more than 200 words in completing this section)

4 Why you want to be an Independent Member

Please state why you are interested in becoming an Independent Member of the Joint Audit Committee and if you are interested in the role as Chair please state what experience you have in Chairing at Committee/Board level.

(Please use no more than 400 words in completing this section)

5 Specific Aptitudes and Skills

Please provide examples to demonstrate how you meet all of the following requirements :

- Be able to demonstrate leadership skills to fulfil the responsibilities of the Audit Committee Chair. (complete for Chair applicants only)
- Ability and confidence to challenge and hold to account.
Treat auditors, executives and management equally and with respect.
- To maintain an up to date knowledge and awareness of national and local policing and crime issues.
- To have high ethical standards
- Good communication skills, both written and oral, with the ability to actively contribute to discussion and debate
- Relevant organisational experience at a senior level (Executive or non-Executive)

(Please use no more than 300 words in completing this section)

6 Convictions

Have you any unspent convictions?

Yes No

Please list below all unspent convictions in chronological order.

Please note: Under the Rehabilitation of Offenders Act 1974, following a certain period of time which depends on the sentence imposed, all convictions except those resulting in prison sentences of more than 2 ½ years are regarded as spent. This means that sentences of up to 6 months become spent after 7 years and those of between 6 months and 2 ½ years are regarded as spent after 10 years.

7 Disability

The Disability Discrimination Act defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you have a disability that you wish to disclose? Yes No

If **Yes**, please tell us about any specific access or support requirements that you have so that we can assist you through the interview process.

8 Other information

If there is any other information about yourself which you would like the selection panel to know in considering your application, please provide it here.

Please state where or how you learnt we are looking for Independent Members

9 References

Please provide details of two people, not related to you, who have agreed to be contacted by us to give their opinion on your suitability for appointment. It would be helpful if one referee was familiar with your experience and skills relevant to the role.

1. Name:	
Address:	
Postcode:	Telephone:
Position:	

2. Name:	
Address:	
Postcode:	Telephone:
Position:	

11 Please sign and date this form

I declare that the information I have provided is true and complete and that I am available to attend a selection interview on 28th or 29th August 2013.

Signature

Date

*Please return this completed application form – together with the accompanying Equality Monitoring Form – by 12 August 2013 via **post** to:*

Lynsey Brown, Office of the Police and Crime Commissioner, South Cambridgeshire Hall, Cambourne Business Park, Cambourne, Cambridge CB2 6EA

*or **e-mail** to: Lynsey Brown – Lynsey.brown@cambs.pnn.police.uk*

If you have any questions or queries, please contact Lynsey Brown on 01954 713261

Thank you for completing this form.

Equality Monitoring Form

Cambridgeshire's Police & Crime Commissioner is committed to ensuring that its selection processes are fair, inclusive and promote equality of opportunity for all people and communities.

By completing this form you will help us to monitor the effectiveness and fairness of our procedures. The information you provide will be used for equality monitoring purposes only. It will not be made available to those assessing your application, and forms no part of the selection process.

Nationality

Age

18-29 30-39
 40-49 50-59
 60-69 70+

Gender

Male
 Female

Gender / Transgender identity

If your gender identity is different from the gender that you were assigned at birth, please indicate your gender identity below

Male
 Female
 Other
 Prefer not to say whether my gender identity is different from my assigned gender

Sexual orientation

Bisexual
 Gay or Lesbian
 Heterosexual
 Other
 Prefer not to say

Ethnic origin

- Asian or Asian British

Indian
 Pakistani
 Bangladeshi
 Other (please specify)

- Black or Black British

Caribbean
 African
 Other (please specify)

- Chinese or Chinese British

Chinese or Chinese British

- Mixed

White and Black Caribbean
 White and Black African
 White and Asian
 Other (please specify)

- White

British
 Irish
 Other (please specify)

- Other ethnic group

Any other background (please specify)

I do not know my ethnic origin

Religious belief or faith

(Include denomination under 'other' if you wish)

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other (please specify)

- None
- Prefer not to say

Caring responsibilities

Are you personally responsible for the care of another person? (Please tick all that apply)

- A child or children
- A dependent elderly person
- A person with a long-term physical or mental ill-health or disability

Disability

The Disability Discrimination Act 1995 says that a person is disabled if they have, or have recovered from, a physical or mental impairment that has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities.

This can include people who have difficulties with mobility, dexterity, coordination, speech, hearing, or eyesight (except when corrected by glasses), and those living with visible disfigurements or long-lasting conditions controlled by medication (such as epilepsy or diabetes). People with HIV, cancer or multiple sclerosis are automatically treated as disabled.

Do you consider yourself to be disabled?

- Yes
- No

