

## **Application for Pension Board Representative**

1. Role Details							
Role for which y	ou are applying:		oer Repres oyer Repres		9		
Employer:							
If you wish to apply for both employer and member representative you must apply separately for each. All applications must be received by <b>28/02/2023</b> .							
Once completed please return this form to: <a href="mailto:DafyddLE@gwynedd.llyw.cymru">Dafydd Edwards</a> , Pension Fund Director, Gwynedd Council, Caernarfon, Gwynedd, LL55 1SH.							
2. Persona	l details						
Full Name:							
Address:							
Postcode:		NI No:					
Phone No:		Email:					
Current Post: Please give post name and a brief overview of duties.							
Previous Post: Please give post name and a brief overview of duties.							

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- We will decide whether to invite you for an interview on the basis of information given by you on this application form.
- When you sign and return this form, you are giving us permission to process and hold on computer, the information or data you have supplied or referred to on it, including any information that you may consider to be sensitive and personal.
- This information will also be held on your personal file, if you are appointed.

3. Your Applicati	on		
Please tell us in no more than 300 words why you want to be a member of the Gwynedd Pension Fund's Pension Board.			

Please tell us in no more than 700 words about your experience, knowledge and understanding of public sector pensions and the Local Government Pension Scheme (LGPS) and the key strengths you can offer to the role. You should try to relate your information to parts of the <b>person specification</b> and refer to your capacity to undertake some of the duties outlined			

4. Relationship to council members or employees					
Please give details of any elected member or employee of the Council to whom you are related. If you fail to disclose such information you may be disqualified from consideration or, if appointed, liable to dismissal. Canvasing of any councillor or senior officer will disqualify a candidate for appointment.					
Name:	Relationship:				
Name:	Relationship:				
5. Potential Conflict of Interest					
Please disclose any personal interests that r A conflict of interest is a financial or other ir of functions as a member of the board, but virtue of membership of the scheme.	nterest, which is likely to	prejudice a person's exercise			
6. Rehabilitation of Offenders Act 197	74				
Have you ever received a caution or been control traffic offences unless the job for which Yes No:	h you are applying invol	,			
If the answer is <b>YES</b> , please provide the details below including date, court and nature of offence.					

## 7. Agreeing statement and signature

I confirm by signing below I agree with the following statements:

- I understand the role of the pension board (i.e. that it is not decision making);
- I have read, understand and will abide by the Terms of Reference;
- I can confirm I do not have any Conflict of Interest to undertake this role;
- I have the capacity to undertake the role (and have demonstrated this above);
- I commit to attend and participate at meetings and in training arranged in order to meet and maintain the knowledge and understanding requirement;
- I understand that the role is unpaid; however reasonable expenses will be reimbursed in line with the Council Policy.

I certify that to the best of my kno papers are true and correct.	owledge the details provided on this fo	rm and any supporting			
Signature of Applicant:	Date:				
If applying for employer representative the approval of an authorised officer (e.g. Chief Executive) must be given below to agree the nomination.					
Name of authorised officer:	Job Ti	tle:			
Signature of authorised officer:	Date:				