

Application for Pension Board Representative

1. Role Details			
Role for which you are a	applying:		
Employer:	Cyngor Gwynedd		
All applications must be	received by 31/10/2024.		
Once completed please return this form to: dewiaeronmorgan@gwynedd.llyw.cymru or by post to Mr Dewi Morgan, Head of Finance, Cyngor Gwynedd, Caernarfon, Gwynedd, LL55 1SH.			
2. Personal details	5		
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.			

Guidance Notes		
•	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 Application			
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 person specification and refer to your capacity to undertake some of the duties outlined		

4. Relati	onship to council members or e	mployees	
you fail to disc	tails of any elected member or e close such information you may l ssal. Canvasing of any councillor	be disqualified from co	onsideration or, if appointed,
Name:		Relationship:	
Name:		Relationship:	
	_		
5. Poten	tial Conflict of Interest		
Plaasa disclos	e any personal interests that ma	y create a conflict of i	nterest with the role:
	nterest is a financial or other inte	•	
of functions as	s a member of the board, but do	•	
virtue of mem	bership of the scheme.		
	_		
6. Rehak	oilitation of Offenders Act 1974		
•	received a caution or been conv fences unless the job for which y	•	
	Yes: No:		
If the answer	is YES , please provide the details	below including date	, court and nature of offence.
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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 with the Council Policy.	e is unpaid; nowever reasonable	e expenses wi	ii be reimbursed in line	
I certify that to the best of my knowledge the details provided on this form and any supporting papers are true and correct.				
Signature of Applicant:		Date:		
The approval of an authorised officer (e.g. Chief Executive or Head of Service) must be given below to agree the nomination.				
Name of authorised officer:		Job Title:		
Signature of authorised officer:		Date:		