

STOCKPORT LOCAL ACCESS FORUM

Application Form

APPLICATION FOR MEMBERSHIP

STOCKPORT LOCAL ACCESS FORUM

Part One – Personal Details

1. Full Name			
2. Address Postcode:			
3. Telephone / Mobile Number:			
4. E-mail Address:			
5. Preferred Method of Communication:			
6. Are you currently employed by Stockport Council? (tick as appropriate)		YES	NO
7. Are you related to any Member or Senior Officer of Stockport Council? If 'yes' please give details.			
8. Please identify which represents your interest(s) (tick as appropriate)			
Use of Public Rights of Way		Access Issues	
Sustainable Travel		Environment / Conservation	
Landowner / Tenant		Promoting Stockport	
Open Air Recreation		Other	
If 'Other', please give details			
9. Please provide an overview of your interests in less than 100 words. <i>(For example, a description of the group, how often you take part, your role within the group)</i>			

10. Please tick the main geographical base for your interest group

(If more than one is applicable, please tick all that apply and provide comments in the box below)

Stockport	<input type="checkbox"/>	Derbyshire	<input type="checkbox"/>
Cheshire East / Tameside	<input type="checkbox"/>	Trafford	<input type="checkbox"/>
Other	<input type="checkbox"/>	Merseyside	<input type="checkbox"/>

If 'Other', please state where

11. Are you a member of any other Local Interest Group?

Yes

No

(Tick as appropriate)

If 'Yes', please state:

Name of Group:

Location / Area of Interest:

Your role on the group:

12. Are you a Member of any other Local Access Forum:

If 'Yes', please give details:

13. Are you seeking election to the Forum for: *(Tick as appropriate)*

1 Year	2 Years	3 Years
Do you wish to be considered for the position of Chair?	Yes	No
Do you wish to be considered for the position of Vice Chair?	Yes	No
14. Where did you see this vacancy advertised?		

Part Two – Skills, Knowledge and Experience (Refer to Personal Specification)

In less than 500 words, please outline why you want to be a member of the Stockport Local Access Forum and what qualities do you think you can bring.

(Specific reference is required to the Personal Specification with personal examples)

References:

Please give the name and contact details of references you wish to give in support of your application and what capacity do they know you.

Name:

Address:

E-mail:

Telephone:

Please state the capacity in which this reference is provided.

In signing this form, you agree to abide by the Terms of Reference outlined in this information pack and the details that you have given are accurate at the time of signing.

I the undersigned, confirm that the information that I have given in this application is accurate and I understand that by giving inaccurate or misleading information, may forfeit my application.

Signature

Date

Completed application forms should be returned via email to:

ernest.nama@stockport.gov.uk

On receipt of this completed form, Stockport Council as appointing authority will assess your application and take up references as appropriate. All candidates will be notified in writing of the outcome of the Authority's decision within four weeks.

This application form can be made available in alternative formats on request. Please ring 0161 474 4595 (Public Rights of Way) for more information or for assistance in completing the form