**Criminal Justice Board for Wales**

**Independent Oversight & Advisory Panel**

**APPLICATION FORM**

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| 1. **Details**
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| Surname: |  |
| Forenames: |  |
| Date of Birth: |  |
| Home Address: |  |
| Telephone Number(s): |  |
| Email address: |  |

1. If you would like to apply to join the Panel, please tell us why you think you would be suitable.

Please refer to the role criteria and Terms of Reference to help you to explain why you would be an ideal member of the panel. You do not need to refer to every point, but we want to have a good understanding of what you would be able to bring to the panel and why you want to join it.

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| **Why do you want to become a panel member and how are you suitable for the role?**Please do not write more than 500 words. |
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| 1. **The Role of Panel Chair**
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| The Panel requires an independent Chair who will have additional responsibilities (please see the role criteria for the role of Chair).Are you also applying to be the Chair of the panel?Yes No **If Yes,** **please also complete Section 4** |

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| 1. **Referring to the role criteria, what qualities, experience and skills would you bring to the role of Panel Chair and why are you interested in this role?** (Please do not complete this section if you are NOT applying to be the panel Chair).

Please do not write more than 500 words. |
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| 1. **Declaration**
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| Any offer to join the panel will be subject to the signing of a confidentiality agreement following an interview process. I declare that the information given in this application is true and accurate:Signed: ………………………………………………… Date: …………………………. |

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| **Applications need to be returned to** **Judy@eyst.org.uk** **by midday on Tuesday 19th April 2022**. |