

**Please print and return your completed Application Form to:**

Regulations and Communications Team

Derbyshire Pension Fund

County Hall

MATLOCK

DE4 3AH

**Or alternatively email:** Pensions.Regs@derbyshire.gov.uk

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**Application Form:**

**Pension Board Employer Representative**

*If you require help completing this Application Form, please contact the Regulations and Communications Team on 01629 538862*

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| **SECTION 1: Personal Information**   |  |  |  | | --- | --- | --- | | **Title:** | Choose an item. | | | **Surname:** | Click here to enter text. | | | **Forename:** | Click here to enter text. | | | **Date of Birth *(XX/XX/XXXX)*** | Click here to enter text. | | | **Telephone Number:** | Choose an item. | Click here to enter text. | | Choose an item. | Click here to enter text. | | **E-mail:** | Click here to enter text. | | | **Address:** | Click here to enter text. | |   **SECTION 2: Employer Details**   |  |  | | --- | --- | | **Your current Employer:** | Click here to enter text. | | **Type of Employer:** | Choose an item. | |
| **SECTION 3: Questions & Experience**  *(Maximum of 500 words per question)*   1. **Why would you like to represent scheme employers on the Pension Board?** |
| 1. **What experience do you have in pensions, investments or any other relevant discipline?** |
| 1. **Please give details of the skills you would bring to the Pension Board.** |
| 1. **Please give details of any working groups/committees/bodies you are involved in through work or otherwise** |
| **SECTION 4: Declaration**  By completing and returning this application form, I hereby confirm that all the statements  made herein are correct and not misleading.  **Signed:**  *(If you have the facility to scan your signature, please click the picture above to insert)*  **Full Name:** Click here to enter text.  **Date:** Click here to enter a date. |

Thank you for completing your application.

The process of selection will be assessment of suitability from application form with possibility of interview.