

**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**

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| --- | --- |
| **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. |

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| **SECTION 3: Questions & Experience***(Maximum of 500 words per question)*1. **Why would you like to represent scheme employers on the Pension Board?**
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| 1. **What experience do you have in pensions, investments or any other relevant discipline?**
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| 1. **Please give details of the skills you would bring to the Pension Board.**
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| 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 statementsmade 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.