**Application for Committee Membership**

***If you would like to discuss the role in more detail, please contact Marion Allison, Head of the CLD Standards Council, at*** [***contact@cldstandardscouncil.org.uk***](mailto:contact@cldstandardscouncil.org.uk)

This form should be completed and returned electronically.

**1. About you:**

|  |
| --- |
| **Name:** |
| **Email:** |
| **Phone Number:** |
| **Postal contact address:** |

|  |  |
| --- | --- |
| **2. CLDSC Registration Number** |  |

**3. Are you a student or recent graduate <2 years YES/NO** please delete

**4. Please detail any qualifications you hold or relevant Professional Learning you have completed**

|  |
| --- |
| Please give qualification / learning title; provider (University /Local Authority etc); date achieved. |
|  |

**5. Current agency or organisation(s) you work for in a CLD capacity (paid or voluntary)**

|  |
| --- |
|  |

**6. What are your current roles and duties? Please include any voluntary work.**

|  |
| --- |
|  |

**7. Which aspects of our work do you feel that you are most active in?**

**Please identify no more than three options.**

**3. Your details (cont.)**

|  |  |
| --- | --- |
| Youth work |  |
| Adult literacies (including numeracy) |  |
| ESOL |  |
| CBAL (community-based adult learning) |  |
| Community development/ community capacity building |  |
| Supporting Volunteers/volunteer development |  |
| Equalities Work |  |
| Rural development |  |
| Delivery of CLD training SCQF Level 9-12 |  |
| Delivery of CLD Training SCQF <8 including SVQ, HNC, PDA etc, |  |
| Delivery of Part time/ voluntary staff training |  |
| Health |  |
| Arts |  |
| Sport |  |
| Other (please specify) |  |

Application form for the CLD Standards Co

**8. Which of the committees would you like to nominate yourself for?**

**4. Roles you are interested in**

[*Please refer to our website to familiarise yourself with the work of each committee.*](http://www.cldstandardscouncil.org.uk/)

|  |  |
| --- | --- |
| Approvals |  |
| Professional Learning |  |
| Registration |  |
| Any of the committees |  |

Application form for

**9. Please provide a personal statement of no more than 250 words outlining:**

* **What you would bring to the CLD Standards Council reflecting on your experience and the context in which you practice**
* **What you think the key priorities are to raise standards across the sector over the next five years**
* **IF you have specified interest in a specific committee please provide reasons why.**

|  |
| --- |
|  |

**5. Personal statement**

for the CLD Standards Council

**10. Have you confirmed the support of your line manager?**

|  |  |
| --- | --- |
| Yes |  |
| Discussion ongoing |  |
| Not applicable |  |
| Comments: |  |

**6. In support of your application**

**11. Commitment to the committee**

By applying for this position, I confirm that I am able to offer sufficient time to the CLD Standards Council for meetings andsupplementary work, as detailed in the application information.

**12. Permissions**

I give permission for the data I have provided to be held a and processed by the CLD Standards Council in accordance with the CLD Standards Council data processing procedures.

I give permission for the CLD Standard Council to contact, my employer or organisation with which I volunteer, regarding my involvement in the committees.

I commit to advising the CLD Standards Council of changes to my contact details, either through i-develop or by email / post, so that the CLD Standards Council can contact me on committee matters.

**13 Demographic information**

**What best describes your Gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Prefer not to say |  | Male |  | Female |
|  | Prefer to self-describe | | | | |
|  | Please describe: | | | | |

**Ethnicity**

|  |  |
| --- | --- |
|  | White |
|  | Mixed or multiple Ethnic groups |
|  | Asian, Asian Scottish or Asian British |
|  | African, Caribbean or Black |
|  | Other Ethnic group |
|  | Prefer to not specify |

**Age Range**  Please tick appropriate option

|  |  |  |  |
| --- | --- | --- | --- |
|  | Under 18 |  | 45 to 54 |
|  | 18 to 24 |  | 55 to 64 |
|  | 25 to 34 |  | 65 or over |
|  | 35 to 44 |  | Prefer to not specify |

|  |  |
| --- | --- |
| Do you consider yourself to have a disability | Yes  No |

*Please return by email to:*

[*contact@cldstandardscouncil.org.uk*](mailto:contact@cldstandardscouncil.org.uk)

*Please title your email: Committee Membership Application*