



CARMARTHESHIRE LOCAL ACCESS FORUM

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

Post Code: _____

Tel No (day): _____

Mobile: _____

Email _____

Occupation: _____

Organisation you represent (if any) _____

Please provide brief details of your areas of interest.

Please state why you feel you would make a good member of the Local Access Forum. In particular, you should relate your response to the 'Criteria for Selection'.

I declare that the information I have given is to the best of my knowledge and belief true and complete.

Signed: _____

Date: _____

Disability Survey

Are you disabled? If 'yes' please describe the nature of your disability.

Can you speak Welsh?

Please tick or mark:

Fluent

Working knowledge

Learner – Beginner

Learner – Intermediate

Learner – Advanced

No

EQUAL OPPORTUNITIES

In order to ensure that our equal opportunity policy is effective, we would be grateful if you would complete the details below. This form will be separated from the application form and will not be used in the selection process.

Gender: Male / Female

Age:

Ethnic Origin:

Please tick/mark:

White

Black Caribbean

Black African

Indian

Pakistani

Bangladeshi

Chinese

Other – please describe