#### Advertising Advisory Committee Member Application Form

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| **Important information**The Members of the Advertising Advisory Committee (AAC) must be **independent** of the advertising and media industries. The AAC provides independent advice from the perspective of citizens and consumers to the Committees of Advertising Practice on formulation of advertising regulatory policy. The Committees of Advertising Practice are composed of member bodies representing the UK advertising and media industries.**Independent** means someone who is not, and has not been engaged in the recent past, primarily in the business of marketing communications by virtue of current or previous employment or directorship.**Personal information** |
| Surname: | Forename: | Title: |
|  |  |  |
| Correspondence address: |
|  |
| Phone no: | Correspondence E-mail address:  |
|  |  |
| Present or most recent occupation/appointment: |
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| Are there any considerations you’d like us to take into account should you be invited for interview?  |
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| If you are successful in your application, would you require a work permit prior to taking up employment in the UK? |
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| **Educational and professional qualifications** |
| From – to:  | Secondary education: | Examinations passed: |
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| From – to: | Further education (College, University): | Qualifications gained: |
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| Professional qualifications and membership of professional bodies: |
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| **Short summary of career** (please do not send a CV or a covering letter) |
| From – to: | Name, address and nature of business: | Position and responsibilities: |
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| **Additional information** |
| Public or voluntary service:(e.g. magistrate, chair of school governors, councillor, office holder in voluntary body: |
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| Have you had any professional contact with the advertising industry? If so, please describe: |
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| Have you any experience of consumer advice/advocacy? If so, please describe: |
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| **Personal statement** |
| After reviewing the online application pack, please outline how you meet the requirements to be a member of the Advertising Advisory Committee, which are set out in the job description. (No more than 300 words, please): |
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**Data Protection Act 1998**

Information provided by you on this application form will be processed for use during the recruitment process.  Once the recruitment process is complete, the data will be retained for a short period of time before then being destroyed.  If you are the successful candidate, relevant information from this form will be used as part of your personnel record. We will also publish general information about your background on our website.

**Where did you first see or hear about the ad:**

⬜ The Sunday Times ⬜ Times online ⬜ ASA Website

⬜ The Guardian ⬜ Guardian Online ⬜ LinkedIn

⬜ Other, please specify: ……………………

**EQUAL OPPORTUNITIES MONITORING**

We recognise the benefits of a diverse workforce and we’re committed to treating everyone with dignity and respect regardless of race, gender, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

This form will be detached from your application and will be used solely for monitoring of applicants, short listed applicants and those appointed. Please only complete this form if you are happy for the data to be used in this way.

**Gender:** Female ⬜ Male ⬜

**Date of Birth:** ……………………………

**Ethnicity**

Please tick the category that you feel best describes your ethnic origin using the classification below:

**White Black or Black British**

⬜ British ⬜ Caribbean

⬜ Irish ⬜ African

⬜ Any Other White Background\* ⬜ Any other Black Background\*

**Mixed Asian or Asian British**

⬜ White & Black Caribbean ⬜ Indian

⬜ White & Black African ⬜ Pakistani

⬜ White & Asian ⬜ Bangladeshi

⬜ Any Other Mixed Background\* ⬜ Any Other Asian Background\*

**Chinese or Other Ethnic Group**

⬜ Chinese ⬜ Other Ethnic Group\*

\*If you answered other to any of the above ethnicity categories, please specify: ………………………………………….

**Disability**

The Equality Act defines disability as ‘A physical or mental impairment which has a substantial and long-term negative effect on your ability to do normal day-to-day activities’.

Do you consider yourself to have a disability? ⬜ Yes ⬜ No

If yes, please state the nature of the disability: …………………………………………

*Thank you for your co-operation. Please be assured your response is confidential, and used solely for monitoring purposes.*