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# Application form to be considered by Momentum as part of the CLGA slate in NEC elections

Surname ............................

Other names: ............................

Region ............................

Gender(optional) ............................

Ethnicity (optional)............................

Eligibility to be a Young Labour representative? (Yes/No) (optional)............................

Address ............................

Postcode ............................

CLP ............................

Telephone ............................

## When completing this application from, please consult the relevant criteria.

You should aim to demonstrate all of the criteria in the Person Specification in your written application. We shall endeavour to interview all those applicants who do meet the criteria.

## Employment history

Please include your employment history to the extent that it demonstrates you meet any of the criteria on the person specification.

Current/most recent employer ............................

Address ............................

Postcode ............................

Job title ............................

Duties (Max: 300 words)

............................

Date employed: from ............................ to ............................

Reason for leaving (if applicable)

............................

Please tell us about any other paid or voluntary roles which you consider relevant to this application and about any skills you used and/or learned. (Max: 150 words per role)

............................

Why would you like to serve on the NEC? (Max: 250 words)

............................

Please identify what you think the key priorities of CLP representatives on the NEC should be in the next two years (Max: 250 words).

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Please describe the key strengths you would bring to the role of CLP representative on the NEC (Max: 250 words).

............................

Please outline your experience representing members in Labour movement structures (Max: 250 words)

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## Further Information

This section is not compulsory and you do not need to complete it if you do not wish to.

Do you consider yourself to have a disability?

 Yes ☐ No ☐

Please tell us if there are any reasonable adjustments we can make to assist you in your application or with our selection process.

............................

**I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.**

Signature .................................................. Date …………

THIS PAGE WILL BE REMOVED PRIOR TO THE PANEL RECEIVING THIS APPLICATION FORM.