ORGANISATION NAME:		
CONTACT NAME:	ORGANISATION TYPE:	

\_\_\_\_\_

EMAIL:

TEL: \_\_\_\_\_\_

Appointee Role Title:	
Responsible to:	
Where (Location):	
Time commitment (frequency	
of meetings, time of day etc.):	
Role description (eg, trustee,	
director, advisor etc):	
Main tasks and responsibilities	•
(including any budget and	
financial matters)	
Required skills, abilities,	•
qualities and experience	
Induction, training and support	•
available	
Any other requirements of the	•
organisation from the	
appointee	
Any restrictions on information	
sharing between the	
organisation and the council	
Any personal liabilities,	
accountabilities or legal	
responsibilities involved in the	
role	
Is the councillor	
insured/indemnified by the	
organisation? If yes, please	
forward a copy of the insurance	
documentation.	

Return completed form to: John Armstrong, Democratic Services Manager, Guildford Borough Council, Millmead, Guildford GU2 4BB Tel: 01483 444102 Email:john.armstrong@guildford.gov.uk

## TO BE COMPLETED BY THE COUNCILLOR

NAME:

ORGANISATION:

Please set out below the relevant experience, skills and qualities that you would bring to this appointment taking into account the requirements of the organisation

Skills	
JKIIIS	
Experience	
Qualities	
Other comments	

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