#### 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. **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.  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.  **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: |
|  |
| Have you had any professional contact with the advertising industry? If so, please describe: |
|  |
| 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:**

⬜ Timewise ⬜ Times online ⬜ ASA Website

⬜ Guardian Online ⬜ LinkedIn

⬜ Other, please specify: ……………………

**Equality, Diversity and Inclusion Monitoring Form**

The Advertising Standards Authority (the umbrella organisation under which the Advertising Advisory Committee operates) is an equal opportunities employer and wishes to reflect the diversity of our modern society. Applications are welcomed from all sections of the community.

**Date of Birth:**

**Sex**

⬜ Female ⬜ Male ⬜ Prefer not to say ⬜ Other\* please specify:

**Ethnicity**

*Please tick the category that you feel best describes your ethnic origin:*

**White Black or Black British**

⬜ British ⬜ Caribbean

⬜ Irish ⬜ African

⬜ Other White Background\* ⬜ Other Black Background\*

**Mixed Asian or Asian British**

⬜ White & Black Caribbean ⬜ Indian

⬜ White & Black African ⬜ Pakistani

⬜ White & Asian ⬜ Bangladeshi

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

**Chinese Prefer not to say and other**

⬜ Chinese ⬜ Prefer not to say

⬜ Other\* please specify:

**Sexual Orientation**

⬜ Heterosexual ⬜ Lesbian, Gay or Bisexual ⬜ Prefer not to say ⬜ Other\* please specify:

**Religion**

⬜ No Religion ⬜ Muslim

⬜ Buddhist ⬜ Sikh

⬜ Christian ⬜ Prefer not to say

⬜ Hindu ⬜ Other, please specify:

⬜ Jewish

**Disability**

*The Equality Act 2010 defines disability as ‘A physical or mental impairment which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities’.*

Do you consider yourself to have a disability? ⬜ Yes ⬜ No ⬜ Prefer not to say

If yes, please specify:

*Thank you for your co-operation. We treat your response as confidential and use it for monitoring purposes only. Please note that we will not identify you in any Equality, Diversity and Inclusion Reports we distribute or publish.*