

# APPLICATION FOR CONSIDERATION FOR MEMBERSHIP OF A MEASUREMENT ADVISORY COMMUNITY WORKING GROUP

Please complete this form in **BLACK INK** and return to:

► .....

Alastair Hooley  
Department for Innovation, Universities & Skills  
Bay 207  
151 Buckingham Palace Road  
London SW1W 9SS

## 1. Personal Details

**Title**                      Mr              Mrs              Miss              Ms              Other (please specify)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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**Surname**

**Forenames**

**Date of Birth**

**Home Address**

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**Work Address**

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.....

**Daytime contact number**

<b>Tel:</b>
<b>Fax:</b>

**E-mail address**

**Present Occupation  
& Position Held**

**Technical &  
Professional  
Qualifications and  
Decorations**

## 2. Experience

**Please provide details of past employment. Continue on a separate sheet if necessary (if attaching a CV, please ensure that it is a detailed version).**

**On which Working Group(s) would you be interested in serving? Please circle those of interest and indicate against each Working Group circled your order of preference:**

**Chemical and Biological Metrology**

**Physical Metrology**

**Engineering and Flow Metrology**

**Software Support for Metrology**

**Ionising Radiation and Acoustical Metrology**

**Pathfinder Metrology**

**Materials and Thermal Metrology**

**Metrology R&D**

**Please give the reason(s) for your interest in serving on the Working Group(s).**

### 3. References

Please provide us with the contact details of two Personal Referees who have given their permission for us to approach them. They should be responsible persons (not relatives) who know you well.

1. Name .....	2. Name.....
Job title .....	Job title.....
Address.....	Address.....
.....	.....
.....	.....
Telephone .....	Telephone.....
Capacity in which known to you	Capacity in which known to you
.....	.....
.....	.....

### 4. Availability

Working Group members are expected to contribute up to 5 days per year for each Working Group of which they are a member.

Date from which you would be available to take up Committee work if selected. ....../...../.....

### 5. Disability

For our monitoring purposes only, would you please indicate whether you consider yourself to be disabled.

Some buildings used for meetings may have limited facilities and access for people with disabilities. Please tick this box if you have specific facilities or access requirements.

Please provide details of any special needs you have which would assist you to take up an appointment e.g. access facilities, sign language, interpreter, documents in Braille.

## 6. Ethnic Origin

The DTI is committed to an Equal Opportunities Policy in Public Appointments. For monitoring purposes, please indicate your ethnic origin in your own words.

If you prefer to do so please indicate by circling one of the following:

White	Indian	Black Other
Black-African	Pakistani	Mixed Race
Black-Caribbean	Chinese	
Bangladeshi	Asian Other	

## 7. Declaration

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND THAT I AM AVAILABLE FOR THE NUMBER OF DAYS INDICATED. I ALSO UNDERSTAND THAT BY COMPLETING THIS APPLICATION FORM IMPLIES NO COMMITMENT ON THE PART OF THE DEPARTMENT OF TRADE & INDUSTRY THAT ANY OFFER OF APPOINTMENT WILL BE MADE NOR DOES IT OBLIGE ME TO ACCEPT AN APPOINTMENT SHOULD ONE BE OFFERED.

Signature.....

Date.....

\* The form overleaf on "Political Activity" must also be completed.

