**Bristol Women’s Voice City Listening Project Steering Group**

**Application Form**

**Closing date:     xxxx**

**Interviews: xxxx**

**Return to:**

Tara Miran

BWV Admin and Bookkeeping Assistant

Bristol Women’s Voice, Brunswick Court

Brunswick Square

BS2 8PE

**Or email:** Tara@bristolwomensvoice.org.uk

1. **Your contact details**

|  |  |
| --- | --- |
| **First name(s)** |  |
| **Last name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone number** |  |
| **Email address** |  |

1. **Supporting information   
   *(please continue your answers on an additional sheet of paper if necessary)***

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| --- |
| **Please describe in your own words why you believe that it is important for women to be enabled to influence government policy:** |
|  |

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| --- |
| **What personal experience or other skills would you bring to this role?** |
|  |

**Previous campaigning and/or committee experience**

**(You only need to fill in this section if you have previous experience – if not, please go straight to part 3)**

|  |  |  |
| --- | --- | --- |
| **We are interested to know about your previous experience of campaigning and / or being part of a steering group or committee. Please give any examples below:** | | |
| **Role(s)** | **Organisation** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Support / access needs**

***(please continue your answers on an additional sheet of paper if necessary)***

|  |
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| **We recognise that some people may need support to fulfil their role as a steering group member. Knowing in advance how we can best support you will make it easier for us to ensure that this support can be provided.**  **Will you need support to fulfil the role? If so, please describe the support you will need and how it could best be provided.** |
|  |

|  |  |
| --- | --- |
| **How would you prefer to take part in the steering group?** | |
| ☐ | Via teleconferencing |
| ☐ | Via Skype / videoconferencing |
| ☐ | In person |

|  |  |
| --- | --- |
| Signed: | Date: |