 

|  |
| --- |
| Bedfordshire Local Pension BoardLocal Government Pension Scheme (LGPS) Scheme Employer Representative application form |
| First name |  |
| Surname |  |
| Address |  |
| Phone number |  |
| Email address |  |
| I confirm that I am an employee of an organisation that participates in the Bedfordshire LGPS |  Please tick |
| Name of employer |  |
| Tell us about your experience, knowledge and understanding of public sector pensions and the LGPS (in no more than 500 words) |

|  |
| --- |
| What skills would you bring to the Local Pension Board? |
| Please give details of any working groups/committees/bodies you are involved in, through work or otherwise |
| Please confirm that you can commit to a term of membership of four years |   Yes |
| Please confirm that you will be able to attend the quarterly Pension Board meetings and are willing to undertake training and attend workshops as necessary for the role |  Yes |
| I agree to the Bedford Borough Council, as the administering authority for Bedfordshire Pension Fund, collecting my personal data so that they can process my Local Pension Board application |   Yes |
| Signature: | Date: |
| Please email your completed application form to liz.manuel@bedford.gov.uk |