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AI-generated content may be incorrect. 

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| Bedfordshire Local Pension Board  Local 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) | |

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| 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 | | |