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| **Governor Application Form** |
| **Personal Information**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Title | Surname | | | | | Previous Surname(s): (if applicable) | | |  |  | | | | |  | | |  |  | | | | | | | | First Name(s): |  | | | | | | | |  |  | | | | | | | | Home Address  Please specify alternative correspondence address on a separate sheet. |  | | | | | | | | Post Code: | | | | | | | |  |  | | | | | | | | E-mail address: |  | | | | | | | |  |  | | | | | | | | Date of Birth | DD | MM | YYYY | |  | | | |  |  | | | | | | | | Telephone Numbers: | Mobile | | | Home | | | Work | |  | | |  | | |  | |  |  | | | | | | | | If applying to be a Parent Governor, please give the name of your child(ren): | | | | | | | | |  | | | | | | | | |  |  | | | | | | | | Please give a brief statement about yourself and why you would be suitable for this role *(please continue on a separate sheet if necessary)*: | | | | | | | | |  |  | | | | | | | | Please outline any professional qualifications/skills/experiences you have that are relevant to your role as a Governor *(please include dates of qualifications and continue on a separate sheet if necessary)*: | | | | | | | | |

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| Do you consider yourself to have a disability? | | | Yes/No |  | |
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| (NB: The Equality Act defines a person as having a disability if he/she “has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”). The Academy operates an interview guarantee scheme for people with a disability and who meet the essential criteria of the post. | | | | | |
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| If you have a disability, are there any arrangements which we can make for you if you are called for interview | | | | Yes/No |  |
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| If Yes, please outline your requirements: | | | | | |

**References** (please supply details for two referees, one of which should be your current/latest employer)

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| Name (Please stipulate their title, ie Mr/Mrs/Miss/Miss etc) | Title: |  | Full Name: |  |
|  |  | | | |
| E-Mail Address  (Please provide wherever possible) |  | | | |
| Address |  | | | |
| Telephone No |  | | | |
| Relationship to you |  | | | |

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| --- | --- | --- | --- | --- |
| Name (Please stipulate their title, ie Mr/Mrs/Miss/Miss etc) | Title: |  | Full Name: |  |
|  |  | | | |
| E-Mail Address  (Please provide wherever possible) |  | | | |
| Address |  | | | |
| Telephone No |  | | | |
| Relationship to you |  | | | |

**13 Declarations**

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| To your knowledge are you related to any member of staff or governor of the Academy? | Yes/No |  |

If ‘Yes’, please state their name and position held:

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I declare that all the information I have provided is true, that I have not canvassed a member/officer of the Academy, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a governor/officer of the Academy or providing information which is untrue or omitting information relevant to the application will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to termination. I agree that the information I give you in connection with this application may be stored and processed for the purpose of personnel management.

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| Signed: |  |
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| Date: |  |