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| **Governor Application Form** |
| **Personal Information**

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| Title | Surname | Previous Surname(s): (if applicable) |
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|  |  |
| First Name(s): |  |
|  |  |
| Home AddressPlease 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): |
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|  |  |
| 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 |  |
|  |  |
| (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 |  |
|  |  |
| 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 |  |

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