

Application Form

Prospective Co-opted /

Parent

Academy Governor

For use by the Academy/Trust only

Date received:

**APPLICATION FORM FOR PROSPECTIVE CO-OPTED/**

**PARENT ACADEMY GOVERNOR**

**PLEASE COMPLETE IN CAPITAL LETTERS**

FAMILY NAME/SURNAME

FORENAMES TITLE

ADDRESS TELEPHONE NUMBERS:

HOME

MOBILE

E-MAIL

**THE VALUE YOU CAN ADD AS A CO-OPTED GOVERNOR**

**Why do you want to become an Academy Governor?** *Please outline your reasons for showing an interest in becoming an Academy Governor - including details of personal qualities, experiences or skills you feel you could bring to a Governing Body and any links that you have with academies/schools and their communities e.g. PTA, local groups, businesses etc.. Please continue on a separate sheet if necessary. (Please use at least 100 words)*

**Have you been a Governor at a school or an academy before?** *(Please tick one box)*

|  |  |  |
| --- | --- | --- |
|  | NO |  |

YES

If you ticked yes, please name the school/academy:

**Are you related to an employee of a Doncaster school/academy?**  *(Please tick one box)*

|  |  |  |
| --- | --- | --- |
|  | NO |  |

YES

If you ticked yes, please give details:

**Are you related to a member of a Governing Body of a Doncaster school/academy?**

*(Please tick one box)*

|  |  |  |
| --- | --- | --- |
|  | NO |  |

YES

If you ticked yes, please give details:

**Have you been or are you employed at a school/academy in Doncaster?** *(Please tick one box)*

|  |  |  |
| --- | --- | --- |
|  | NO |  |

YES

If you ticked yes, please give details:

**Have you been or are you currently employed by the Local Authority?** *(Please tick one box)*

|  |  |  |
| --- | --- | --- |
|  | NO |  |

YES

If you ticked yes, please give details:

**Do you have time to attend meetings and visit the academy, during working hours, on a regular basis?**

YES NO

**Are you prepared to undertake appropriate Governor training?**

YES NO

**Do you consider yourself to have a disability, as defined in the Disability Discrimination (Amendment) Act 2005**

YES NO

**Please give details of any special needs provision you would require (eg wheelchair access/help for dyslexia)**

**SPECIALIST KNOWLEDGE AND/OR EXPERIENCE**

Please be aware that you will not be required to use your specialist knowledge and/or experience in a professional capacity. These skills will help you ask challenging questions and hold the schools’/academies’ decisions and performance to account

**Basic Moderate Extensive**

School improvement

Financial management/accountancy

Premises and facilities management

Human Resources

Procurement/purchasing

Law

ICT and management systems

PR and marketing

Children and young people’s services

Health services

Safeguarding

Project management

Health and Safety

Languages

Sciences

Technology

Sales/retail/services

Fundraising

Volunteering

|  |
| --- |
|  |

Other (Please specify)

**PLEASE OUTLINE WHY YOU FEEL YOUR SKILLS AND EXPERIENCE WOULD MAKE YOU AN EFFECTIVE GOVERNOR.**

**REFERENCES**

**You are obliged to provide details of at least one referee, and ideally two. These can be business or personal and will have known you for at least two years. Please provide at least one means of contact for each referee.**

**Referee 1:**

Name Contact Address

Post Code

Tel No:

Email:

Please indicate whether business or personal

**Referee 2:**

Name

Contact Address

Post Code

Tel No:

E-mail:

Please indicate whether business or personal

**How you found out about the vacancies on the Governing Body**

Please let us know how you found out about being an Academy Governor at Exceed Learning Partnership by using the box below:

Academy Local Press Leaflet Word of Mouth

Advert Through your employer

Membership of organisation or institution

Other Please state

**RECRUITMENT AND EQUAL OPPORTUNITIES MONITORING**

The information collected in this form is used for statistical purposes and will be recorded on a computer database. This data helps Exceed Learning Partnership to do all it can to ensure that appointments are made on merit and to help ensure that Governing Bodies are representative of the communities they serve.

**Gender Ethnic Origin**

Female White

Male  British

Trans-Gender  Irish

Prefer not to say  White Other

Asian or Asian British

**Sexual Orientation**   Bangladeshi

Bisexual  Indian

Gay Man  Pakistani

Gay Woman/Lesbian  Any Other Asian

Heterosexual Black and Black British

Prefer not to say  African

 Caribbean

**Age Band**   Any Other Black

16-24 years Mixed

25-34 years  White and Asian

35-49 years  White and Black African

50-54 years  White and Black Caribbean

55 and over years  Any Other Mixed

Prefer not to say Other

* Chinese

**Do you consider yourself to have a**  Any Other **disability?**

* Prefer not say

Yes **Religion/Belief**

No Buddhist

Prefer not to say Christian

Hindu

Jewish

Muslim

Sikh

Other

None

Prefer not to say

*The information that you provide on this form will be held on a computerised database maintained Exceed Learning Partnership. Your data will be used in accordance with the principles set out in the Data Protection Act (DPA) 1998, which protects the right to privacy of individuals whose personal details are held on such databases. Exceed Learning Partnership will only make your details available to academies and their Governing Bodies.*

*Under School/Academy Governance Regulations, certain people are disqualified from serving as Governors. The following page gives information on the categories of disqualification.*

*Exceed Learning Partnership is committed to safeguarding and promoting the welfare of children and expects Governors to share this commitment.*

*You should be aware that this position may be subject to an enhanced Disclosure and Barring Check (DBS).*

*Please sign below to confirm that you are not disqualified from serving as a Governor, that you agree to undertake an enhanced Disclosure and Barring Service (DBS) check and that the information you give on this form can be recorded and used by Exceed Learning Partnership in accordance with the Data Protection Act.*

*The Trust/academies will process every application regardless of gender, age, disability, sexual orientation, race, religion and belief and social exclusion.*

Signature Date

**PLEASE RETURN THE COMPLETED FORM TO THE ACADEMY**

**Your application form will be considered by the Governing Body, following which you will be notified of the outcome.**

**GOVERNOR DECLARATION FORM**

|  |
| --- |
| Name  (Block Capitals please)  Address    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel (home)  (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (mobile)  E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Academy \_\_\_\_ |

I declare that I am not disqualified from serving as a Governor and that:

* **I am** not a registered pupil at the school.

* **I am** aged 18 or over at the date of this election or appointment.

* **I do not** already hold a Governorship of the same academy.

* **I have not** failed to attend Governing Body meetings for a continuous period of six months without the consent of the Governing Body.

* **I am not** the subject of a bankruptcy restrictions order or an interim order, debt relief restrictions order, an interim debt relief restrictions order or had my estate sequestrated and the sequestration has not been discharged, annulled or reduced.

* **I am not** subject to a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986, a disqualification order under Part 2 of the Companies (Northern Ireland) Order 1989, a disqualification undertaking accepted under the Company Directors Disqualification (Northern Ireland) Order 2002, or an order made under section 429

(2) (b) of the Insolvency Act 1986. (Failure to pay under a County Court administration order.)

* **I have not** been removed from the office of charity trustee or trustee for a charity by the Charity Commission or Commissioners or High Court on the grounds of any misconduct or mismanagement, or under section 34 of the Charities and Trustee Investment (Scotland) Act 2005, from being concerned in the management or control of any body.

* **I am not** included in the list of teachers or workers (considered by the Secretary of State as unsuitable to work with children or young people).

* **I am not** barred from any regulated activity relating to children.

* I am not subject to a direction of the Secretary of State under Section 128 of the Education and Skills Act 2008.

* **I am not** disqualified from working with children or from registering for child minding or providing day care.

* **I am not** disqualified from being an independent school proprietor, teacher or employed by the Secretary of State.

* **I have not** beensentenced to three months or more in prison (without the option of a fine) in the five years before becoming a Governor or since becoming a Governor.

* **I have not** received a prison sentence of two years or more in the 20 years before becoming a Governor.

* **I have not**, at any time, received a prison sentence of five years or more.

* **I have not** been fined, for causing a nuisance or disturbance on school or on educational premises during the five years prior to or since appointment or election as a Governor.

* **I will** undertake an enhanced Disclosure and Barring Service (DBS) check.

* **I will** adhere to the Governing Body Code of Conduct

* **I will not** use social networking sites irresponsibly and will ensure that neither my personal/professional reputation nor the Trust’s/academy’s reputation is compromised by inappropriate postings. Any such postings could lead to my suspension or removal from the Governing Body.

* **I agree** for details of my position as Governor to be included on the school website.

* **I will**, annually, declare any business interests and agree for these to be published on the school website, in line with the regulations.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to:

Exceed Learning Partnership

Edlington Lane

Edlington

Doncaster

DN12 1PL

Email: [admin@exceedlearningpartnership.com](mailto:admin@exceedlearningpartnership.com)