



Application Form for Governance Post

Notes on Completion:

- Please complete this form and return it to school or Trust Office at; Tudhoe Learning Trust, Front Street, Tudhoe, Spennymoor, Durham, DL16 6TJ Email: office@tudhoelearningtrust.co.uk
- Please contact the Trust Office on 01388 811765 or office@tudhoelearningtrust.co.uk for further advice or a copy of this form in another format if required.

PART A: PERSONAL DETAILS

Title: _____	Surname: _____		Forename(s): _____			Occupation: _____	
Male <input type="radio"/> Female <input type="radio"/>			Known as: _____			Retired: <i>(tick box)</i> <input type="radio"/>	
Date of Birth:	Agerange: <i>(tickbox)</i>	Under 30 <input type="radio"/>	30 to 39 <input type="radio"/>	40 to 49 <input type="radio"/>	50 to 59 <input type="radio"/>	60 + <input type="radio"/>	
Home Address: _____ _____ _____			Home telephone: _____				
			Daytime telephone: _____				
			Mobile telephone: _____				
Postcode: _____			Email address: _____				
If you have past or present experience of being a school governor, please name your last school and give dates of service:							
School: _____			From: _____		To: _____		

PART B: ELIGIBILITY CRITERIA

	Yes	No
Are you adjudged bankrupt or under a composition arrangement with your creditors or subject to a Bankruptcy Restrictions Order?	<input type="radio"/>	<input type="radio"/>
Are you employed by a school? (if 'yes' name school) _____	<input type="radio"/>	<input type="radio"/>
Have you a financial interest in the supply of goods or services to a school?	<input type="radio"/>	<input type="radio"/>
Are you or have you ever been disqualified from being a company director or a trustee of a registered charity?	<input type="radio"/>	<input type="radio"/>
Have you been convicted within the previous 5 years of an offence with a prison sentence of 3 months or more whether suspended or not without the option of a fine?	<input type="radio"/>	<input type="radio"/>



PART C: SKILLS, KNOWLEDGE AND EXPERIENCE

Please tell us about your knowledge, skills or experience below. You do not have to complete all the boxes.

1. HUMAN RESOURCE MANAGEMENT: (ie managing, motivating or developing staff, selecting and appointing staff or handling employment issues)

2. FINANCIAL MANAGEMENT:
(ie managing finances of an organisation or acting as an accountant or an auditor)

3. SERVICES for CHILDREN AND YOUNG PEOPLE:
(eg education, training or development, special needs, pastoral care and welfare)

4. OTHER: (eg leadership, communications, team working, problem solving skills)

Please also describe your commitment to the ethos of the types of school(s) or school sectors in which you would prefer to serve.



PART D: YOUR SCHOOL PREFERENCE(S): We will use this information to place you in a school but you are not guaranteed a place in any particular school or school type.

1. If you want to be considered for a post in a particular school or schools, please name the school(s) and the address(es) or location(s):

School Name: _____	School Name: _____
Address: _____ _____	Address: _____ _____
Postcode: _____	Postcode: _____

	Yes	No
Are you related to a member of staff at one of these school(s)?	<input type="radio"/>	<input type="radio"/>
Are you currently teaching in one of these school(s)?	<input type="radio"/>	<input type="radio"/>
Have you ever taught in one of these schools?	<input type="radio"/>	<input type="radio"/>
Do you or will you have a child attending school?	<input type="radio"/>	<input type="radio"/>
If 'Yes', please state the name of the school:		

PART E: DECLARATION

n I confirm that the information I have recorded on this form is true and complete to the best of my knowledge. I understand that if my application is successful and any of this information is found to be incorrect or untrue, my tenure of office may be terminated.

n I understand and accept that the information I have provided will be processed in accordance with the Data Protection Act and in line with General Data Protection Regulation for the purpose of filling school governor posts. This may involve disclosing information:

- to a school Board of Governors with vacant posts and to the Trust;
- to the Department of Education to assist in the collation of statistical responses and other enquiries.

n I understand and accept that an appointment is subject to an enhanced DBS and Section 128 check

If you are appointed as a governor, your contact details will be used to notify you of training courses.

Signature: _____ **Date:** _____