

**Application for Appointment as a School Governor**

**Contact Information**

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Previous Names: |  |
| Date of Birth: |  |
| Gender: |  |
| Address: |  |
| Daytime Telephone: |  |
| Mobile Telephone: |  |
| Email Address: |  |

**Employment Details**

|  |  |
| --- | --- |
| Employment Status: |  |
| Occupation: |  |
| Employer Name: |  |
| Employer Address: |  |

**Previous Experience**

|  |  |
| --- | --- |
| Have you been a school governor before? |  |
| If yes, which school were you a governor at? |  |

**What would make you a good School Governor?**

|  |
| --- |
|  |

**Where do you want to be a School Governor?**

|  |  |
| --- | --- |
| Are there particular schools that you are interested in?  |  |
| If yes, please specify your school(s) of interest: |  |
| Do you have children of school age? |  |
| If yes, which school do they attend? |  |
| Do you have a school type preference? |  |

**Referee Details**

|  |
| --- |
| Please provide details of a referee who has known you for 12 months::Name: ……………………………………………………………………………………………………………….Organisation: ……………………………………………………………………………………………………….Capacity they have known you: …………………………………………………………………………………..Email Address: ………………………………………………………………………………………………………Contact Number: …………………………………………………………………………………………………… |

**Declaration**

|  |
| --- |
| * I confirm that I have read the Qualifications and Disqualifications (Regulation 17 and Schedule 4 of The School Governance (Constitution) (England) Regulations 2012) and that I am not disqualified from serving as a school governor.
* I agree to inform the Local Authority of any change to my circumstances which might disqualify me from holding office as a school governor.
* I agree to inform Solihull Governor Services and my governing body of any allegation made against me in relation to me harming a child or children; violence, including domestic abuse; behaviour that may result in my being deemed as unsuitable to work with children; and any change in my circumstances that may affect my suitability to fulfil the role of school governor.
* I am willing to complete a DBS Disclosure Form.

Signed: …………………………………………………………………………………………………………………Name (Block Capitals): ………………………………………………………………………………………………Date: …………………………………………………………………………………………………………………... |

**Data Protection**

|  |
| --- |
| The information provided on this application form will be held on file and on a computerised database at Governor Services. Your data will be used in accordance with the Data Protection Act (DPA) 1998 which protects the right to privacy of individuals whose personal details are held by Governor Services. Your details will only be made available to schools, their governing bodies or other departments within the LA in relation to your office as a school governor. |

**Completed application forms should be sent to:**

Solihull Governor Services

3rd Floor Council House

Solihull

B91 3QB