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| Parallel Learning Trust - Governance Application Form | | | | | | |
| Basic information | | | | | | |
| **Title:** | |  | | | | |
| **First name:** | |  | | | | |
| **Surname:** | |  | | | | |
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| Contact details | | | | | | |
| **Address 1:** | |  | | | | |
| **Address 2:** | |  | | | | |
| **Address 3:** | |  | | | | |
| **Town/City:** | |  | | | | |
| **Postcode:** | |  | | | | |
| **Telephone number:** | |  | | | | |
| **Email address:** | |  | | | | |
| **Preferred form of contact:** | |  | | | | |
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| Employment details (if not a staff member) | | | | | | |
| **Occupation:** | |  | | | | |
| **Employer name:** | |  | | | | |
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| Professional body membership (if applicable) | | | | | | |
| **Qualification:** | |  | | | | |
| **Institution:** | |  | | | | |
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| Supporting information and skills (note form or bullet point answers are acceptable) | | | | | | |
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| **References**  Please provide details of two referees, these can be anyone who is not a family member or friend.  **1st Referee:**  Name:  Job Title:  Company Name:  Address:  Telephone Number:  Email Address:  Capacity known: Current Manager 🞎 Previous Manager 🞎 Other 🞎  **2nd Referee:**  Name:  Job Title:  Company Name:  Address:  Telephone Number:  Email Address:  Capacity known: Current Manager 🞎 Previous Manager 🞎 Other 🞎 | | | | | | |
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| **What are your motivations for joining the Academy Council?** | | | | | | |
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| **What particular skills and experience would you bring to the Academy Council?**  **Why do you think these will make you an effective Academy Councilor?** | | | | | | |
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| **Do you have children of school age?** | | | | | **Yes/No** | |
| **Are you currently, or have you previously been a Governor / Academy Council member?** | | | | | **Yes/No** | |
| **If yes, please tell us what type of school/Academy** | | | | | **Primary/Secondary** | |
| **What is the minimum number of hours each month you would be able to commit to the role on average?** | | | | | **Less than one hour**  **One to five hours**  **Over five hours** | |
| **Will you be able to attend approximately nine Academy Council meetings each year, typically from 6.00pm to 8.00pm?** | | | | | **Yes/No** | |
| **Do you have easy access to email and the internet?**  **If no, how would you intend receiving relevant documents?** | | | | | **Yes/No** | |
| **Are you able to commit to undertaking necessary training activities such as online computer based modules, events in the Academy and local authority networking events?** | | | | | **Yes/No** | |
| **What, if any, aspect of the role of Academy Council member do you have questions about?** | | | | | | |
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| Declaration | | | | | | |
| **I confirm that I have read the extract from The School Governance (Constitution) (England) Regulations 2012 Part (Schedule) 4 Regulation 17 which sets out the circumstances in which a person is qualified for or disqualified from holding or continuing in office as a governor.** *This extract is appended to this application form.* | | | | | | **Yes/No** |
| **I agree to an enhanced DBS check (criminal record check).** | | | | | | **Yes/No** |
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| Signed: |  | | Date: |  | | |

**Equalities Monitoring Form**

**Your answers will be treated in the strictest confidence. The information you provide will only be used for monitoring purposes and to assist us with improving our recruitment process to ensure we are reaching all sections of the community.**

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| **ABOUT YOU** | What is your ethnic group? Please choose one selection from (a) to (e) and then tick the appropriate box to indicate your cultural background. |
| 1. **White** | English/ Welsh/ Scottish/ Northern Irish/ British  Irish  Gypsy or Irish Traveller  Any other White background |
| 1. **Mixed/Multiple ethnic groups** | White and Black Caribbean  White and Black African  White and Asian  Any other Mixed/Multiple ethnic background |
| 1. **Asian/Asian British** | Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background |
| 1. **Black/African/ Caribbean/Black British** | African  Caribbean  Any other Black/ African /Caribbean background |
| 1. **Other ethnic group** | Arab  Any other ethnic group |
|  | Prefer not to say |

**Declaration**

**I confirm that to the best of my knowledge the information given in this application is true and correct.**

**Signature: Date:**

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