

Parallel Learning Trust - Governance Application Form

Basic information

Title:	
First name:	
Surname:	

Contact details

Address 1:	
Address 2:	
Address 3:	
Town/City:	
Postcode:	
Telephone number:	
Email address:	
Preferred form of contact:	

Employment details (if not a staff member)

Occupation:	
Employer name:	

Professional body membership (if applicable)

Qualification:	
Institution:	

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

What are your motivations for joining the Academy Council?

What particular skills and experience would you bring to the Academy Council?

Why do you think these will make you an effective Academy Councillor?

Do you have children of school age?	Yes/No
Are you currently, or have you previously been, a Governor/ Academy Councillor/Advisory Board 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 Board meetings each year, typically from 6.00 pm to 8.00 pm?	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 Councillor do you have questions about?	
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. <i>This extract is appended to this application form.</i>	Yes/No
I agree to an enhanced DBS check (criminal record check).	Yes/No
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.

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.
(a) White	<input type="checkbox"/> English/ Welsh/ Scottish/ Northern Irish/ British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background
(b) Mixed/Multiple ethnic groups	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed/Multiple ethnic background
(c) Asian/Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background
(d) Black/African/ Caribbean/Black British	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/ African /Caribbean background
(e) Other ethnic group	<input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group
(f)	<input type="checkbox"/> 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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