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| Parallel Learning Trust - Governor 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)  |
| **What are your motivations for joining the Governing Body?** |
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| **What particular skills and experience would you bring to the Governing Body?****Why do you think these will make you an effective school governor?** |
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| **Do you have children of school age?** | **Yes/No** |
| **Are you currently, or have you previously been, a school governor?** | **Yes/No** |
| **If yes, please tell us what type of school** | **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 governor meetings each year, typically from 6.00 p.m. to 8.00 p.m.?** | **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 school and local authority networking events?** | **Yes/No** |
| **What, if any, aspect of the role of governor 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: |  |