

Please note: This application may be completed electronically, but must be printed to be signed and dated and returned to Ramsden Hall Academy . Please write only within the text boxes. If needed, continue on a separate sheet of paper and attach to this document.

On appointment a *Disclosure and Barring Service (DBS)* check will be undertaken..

Please return the completed application form to jquilter@ramsdenhall.org.uk, or by post to:

Ramsden Hall Academy

Heath Road

Ramsden Heath

Billericay

Essex CM11 1HN

Heal

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| Parallel Learning Trust - Governance Application Form | | |
| Basic information | | |
| **Title:** |  | |
| **First name:** |  | |
| **Surname:** |  | |
| **Date of Birth:** |  | |
|  | | |
| 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) | | |
|  | | |
| **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 Board?**  **Why do you think these will make you an effective Academy Councillor Board member?** | | |
|  | | |
| **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 five Academy Council Board 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 the Academy and local authority networking events?** | | **Yes/No** |
| **What, if any, aspect of the role of Academy Councillor Board member do you have questions about?** | | |
|  | | |

**Declaration of eligibility to become a Parallel Learning Trust, Ramsden Hall Academy Academy Councillor Member**

**Please tick the boxes**

* I am aged 18 or over.
* I do not already hold governorship of more than one academy in the Parallel Learning Trust.
* I am not liable to be detained under the Mental Health Act 1983.
* I am not a bankrupt or subject to a disqualification order under the Company Directors

Disqualification Act 1986 or to an order made under section 429(2)(b) of the Insolvency Act 1986.

* I have not been removed from the office of a charity trustee or trustee for a charity by an order made by the Charity Commissioners or the High court on the grounds of any misconduct or mismanagement or, under a section 7 of the Law Reform (Miscellaneous provisions) (Scotland) Act 1990, from being concerned in the management or control of any body.
* I am not included on the barred list, the list of teachers and workers with children or young

persons whose employment is prohibited or restricted.

* I am not disqualified from being the proprietor of any independent school or from being a teacher or other employee in a school.
* I have not, in the five years prior to applying to be a governor, received a sentence of

imprisonment, suspended or otherwise, for a minimum of three months without the option of a fine.

* I have not, in twenty years prior to applying to be a governor, been previously convicted of any offence and had passed on me a sentence of imprisonment for a minimum of two and a half years.
* I have not, at any time, had passed on me a sentence of imprisonment for a minimum of five

Years.

* I have not, in the five years prior to applying to become a Governor, been fined for causing a

nuisance or disturbance on education premises.

* I am not subject to a disqualification order under the Criminal Justice and Court Services Act 2000.
* My estate has not been sequestrated.
* I am not the subject of a bankruptcy restrictions order or an interim order.
* 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 agree to an Enhanced Disclosure and Barring Service (DBS) check.

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|  |

Signed:

|  |
| --- |
|  |

Date:

|  |
| --- |
|  |

Print:

**Diversity, Equity and Inclusion Form**

**Your answers will be treated in the strictest confidence. The information you provide will only be used for monitoring purposes.**

Mark relevant boxes with✔or **Y**

### What is your gender?

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| I prefer not to say |  |

Other gender identity, please detail:

### What was your age group on your last birthday?

|  |  |
| --- | --- |
| 18 to 40 |  |
| 41 to 60 |  |
| 61 or over |  |
| I prefer not to say |  |

### Do you have a disability?

|  |  |
| --- | --- |
| I have a disability and require additional support and or adjustments in order to fully participate as a member of the governing board |  |
| I have a disability but require no additional support and or adjustments in order to fully participate as a member of the governing board |  |
| I do not have a disability |  |
| I prefer not to say |  |

If you prefer to comment, please do so here:

### Which of the following best describes your sexual orientation?

|  |  |
| --- | --- |
| Bisexual |  |
| Gay or Lesbian |  |
| Straight/Heterosexual |  |
| I prefer not to say |  |

Other sexual orientation, please detail:

### What is your ethnic group?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

#### Asian or Asian British

|  |  |
| --- | --- |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |

Any other Asian background, please detail:

|  |
| --- |
|  |

#### Black, Black British, Caribbean or African

|  |  |
| --- | --- |
| African background (detail below) |  |
| Caribbean |  |

Any other Black, Black British or Caribbean background - please detail:

|  |
| --- |
|  |

#### Mixed or Multiple ethnic groups

|  |  |
| --- | --- |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |

Any other Mixed or Multiple background, please detail:

|  |
| --- |
|  |

#### White

|  |  |
| --- | --- |
| English, Welsh, Scottish, Northern Irish or British |  |
| Gypsy or Irish Traveller |  |
| Irish |  |
| Roma |  |

Any other White background, please detail:

|  |
| --- |
|  |

#### Other ethnic group

|  |  |
| --- | --- |
| Arab |  |

Any other ethnic group, please detail:

|  |  |
| --- | --- |
| I prefer not to say |  |

### What is your religion?

|  |  |
| --- | --- |
| Buddhist |  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| No religion |  |
| I prefer not to say |  |

Any other religion, please detail:

### How close do you live to the school or trust where you govern?

Approximately:

|  |  |
| --- | --- |
| Less than 1 mile (walking distance) |  |
| 2 to 5 miles (up to 10 minute drive) |  |
| 6 to 15 miles (up to 30 minute drive) |  |
| 16 to 40 miles (up to 1 hour drive) |  |
| More than 40 miles |  |
| I prefer not to say |  |

### What is your experience of school as a parent or carer?

|  |  |
| --- | --- |
| I am a parent or carer of a child/children currently of school age |  |
| I am a parent or carer of a child/children who have completed their education |  |
| I am not a parent or carer |  |
| I prefer not to say |  |

Any further comments on your parental experience (such as experience of the SEND system):

|  |
| --- |
|  |

### Which type of school did you attend between the ages of 11 and 16?

Principally:

|  |  |
| --- | --- |
| State-run or state-funded school |  |
| Independent or fee-paying school |  |
| Attended school outside the UK |  |
| I prefer not to say |  |

Any other education setting (such as home schooling) – please detail:

### What is your experience of the care system?

|  |  |
| --- | --- |
| I was looked after/in the care of the local authority during all or some of my period of school education |  |
| I was not looked after/in the care of the local authority |  |
| I prefer not to say |  |

### Did you continue education after leaving school?

|  |  |
| --- | --- |
| Further education (sixth form/college) |  |
| Higher education (university) |  |
| An apprenticeship route |  |
| I did not continue my education |  |
| I prefer not to say |  |

If you prefer to comment, please do so:

### Were you eligible for free school meals at any point during your education?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| I don’t know |  |
| Not applicable |  |
| I prefer not to say |  |

### An opportunity to comment further