

## **Governor Application Form**

**Application for (tick one)** 

Parent Governor	Co-o	pted Governor	Trustee				
School Name:							
Title:	Forename(s):						
Surname:							
Any other surname(s) used							
Any other forename(s) used:							
Address:							
Post Code:		Daytime Tel:					
Date of Birth:		E-mail (please prin	t):				
Mobile:							
Personal Statement to supp	ort application:						



Personal Statement continued:							
Do you have a particula	r skill set? (please tick	·)					
Legal	Financial	Human Resources	Health & Safety				
Community Relations	Data Analysis	Strategic Planning	Premises Management				
Procurement	ICT	PR & Marketing	Teaching				
Special Educational Needs	Safeguarding	Quality Assurance	Project Management				
Other: please detail belo	ow						
Signed:			Date:				
References							
Name							
Relationship to Applicant							
Address							
Telephone Number							
Email Address							
	•						
Data Protection Act							
accordance with the Data	Protection Act 1998 fo	r statistical analysis, manaç	h live and test, and will be used gement, planning and in the pro	vision of			
records management and	_	Tulcis. The information will	be held in accordance with the	Trusts			
Office Has Oak							
Office Use Only:			Declaration Circuit				
Date of Appointment:			Declaration Signed?				
DBS Certificate No.			Dated:	l l			