

## School Governor Application Form

### Personal details (please print)

**Title:**                      **First Names:**

**Surname:**

Address and Postcode:	Contact address (if different):

**E mail address:**

**Daytime telephone:**

**Evening telephone:**

**Mobile:**

**Date of Birth:**

### Other information

How did you find out about governor vacancies (e.g. website, told by a friend etc.)?

Area of Hampshire in which you are interested:

Type of school in which you are interested: Infant  Junior  Primary  Secondary   
Special

If you wish to be considered for specific schools only please list your preferences below:

Have you ever been or are you currently a governor? Yes  No

If yes please give details of the school, type of governor and period of office:

Are you willing to attend training sessions? Yes  No

**Note:** in the case of parent/staff governor applications the following two sections will form the election statement if one is necessary.

### **Reasons for applying:**

### **Experience and personal skills**

Please give details of any experience (including voluntary or community work), skills, abilities and interests you have which you feel will help you as a school governor.

### **Vetting**

In the interest of safeguarding children, schools may ask you to apply for a criminal records certificate. "Spent" criminal records and other relevant information may legitimately be disclosed when individuals are involved with schools. If you are aware of any information which may be disclosed, you may wish to discuss its relevance with the headteacher or Governor Services in advance of your application.

The details below are a summary of the qualification and disqualification regulations that relate to governing bodies. They can be seen in full on our website at:

<http://www3.hants.gov.uk/education/governors/school-governor-application.htm>

Please seek advice from your school or Governor Services if you think you may be affected. Our contact details can be found at:

## Disqualification Criteria

The following text summarises the qualification and disqualification regulations which can be seen in full on our website. Please seek advice if you think you may be affected.

A governor must be aged 18 or over at the time of their election or appointment. A registered pupil of the school cannot be a governor. A person cannot hold more than one governorship at the same school.

A Person is disqualified from holding or from continuing to hold office as a governor or associate member if they:

- have failed to attend meetings for six months;
- are bankrupt;
- are subject to a disqualification order or disqualification undertaking under companies legislation or an order concerning insolvency;
- have been removed from the office of trustee for a charity on grounds of misconduct or mismanagement or from being concerned in the management or control of any body;
- are included in the list of those considered by the Secretary of State as unsuitable to work with children;
- are subject to a direction of the Secretary of State under section 142 of Education Act 2002;
- are disqualified from working with children or from registration for child minding or providing day care;
- have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) in the five years before becoming a governor or since becoming a governor;
- have received a prison sentence of 2.5 years or more in the 20 years before becoming a governor;
- have at any time received a prison sentence of five years or more;
- have been fined for causing a nuisance or disturbance on school premises during the five years prior to or since appointment or election as a governor;
- refuse to make an application for a criminal records certificate.

In addition, the following disqualification criteria apply for the categories of governor listed below.

A person is disqualified from election or appointment as a **parent governor** of a school if the person -

- (a) is an elected member of the local authority; or
- (b) is paid to work at the school for more than 500 hours in any twelve consecutive months.

A person is disqualified from appointment as a **local authority governor** if the person is eligible to be a staff governor of the school.

A person is disqualified from nomination or appointment as a **partnership governor** of a school if the person is –

- (a) a parent of a registered pupil at the school;
- (b) eligible to be a staff governor of the school;
- (c) an elected member of the local authority; or

(d) employed by the local authority in connection with their education functions. This does not apply in the case of a person who is employed by a local authority in England under a contract of employment providing for the person to work wholly at a school or schools maintained by the local authority.

## Data Protection

The information that you provide on this form will be held on a computerised database maintained by the data controller (Hampshire County Council). Your data will be used in accordance with the principles set out in the Data Protection Act 1998, which protects the right to privacy of individuals whose personal details are held by the data controller. Hampshire Governor Services will only make candidate details available within the Local Authority; to Hampshire County Council schools and their governing bodies; the DfE or any other body involved with the recruitment of school governors in Hampshire.

## Declaration

I have read the summary of regulations above and confirm that I am not disqualified from serving as a school governor and that in the event that I am appointed to a governing body, I will notify the clerk to the governing body immediately should I become disqualified during my term of office. I understand that it is an offence to serve as a school governor whilst disqualified.

I agree to the information given on this form being recorded and used by Hampshire Governor Services and the school at which I will be governor in accordance with the Data Protection Act and confirm that it is correct and complete to the best of my knowledge and belief.

**Signed:**

**Date:**

## For use by nominating County Councillors

(Please complete and return to the school for the attention of the clerk)

**School:**

I confirm that the person named on this form is my nomination as a local authority representative to the governing body of the above school.

**Signed:**

**Date:**

## Clerk's use only for local authority governor appointments

**Date of appointment:**

**Date Clerk's Write Access system updated:**

## Clerk's use only all other appointments

**School:**

I confirm that the person named on this form has been appointed / elected to the governing body and their proof of identity has been checked.

**Type of governor:**

**Start date:**

**Signature:**

**Clerk to Governors**

**Date:**

**Date Clerk's Write Access system updated:**

### Equalities monitoring

We positively welcome applications from all members of the community. It would help us monitor community representation and encourage under represented groups to come forward if you are willing to provide us with some personal information: How would you describe yourself (please tick boxes below)?

I do not wish to provide this information

Gender  Male  Female

Age:  18 – 30  31- 50  51-65  66+

White:  English / Welsh / Scottish / Northern Irish / British  
 Irish

Other White background

Mixed  Gypsy/Irish Traveller

White & Black Caribbean

White & Black African

White & Asian

Other Mixed / Multiple Ethnic background

Asian/Asian British  Indian

Pakistani

Bangladeshi

Chinese

Other Asian background

Black/Black British  Caribbean

African

Other Black background

Arab/other ethnic group  Arab

Any other ethnic group (please specify)

### Disabilities

The law says a person is disabled if they have “a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities”.

Do you consider yourself to have an impairment of this type? Yes  No

If yes – please could you tick any of the following descriptions that may apply to you:

Mobility difficulty  Learning difficulty

Hearing difficulty  Mental health issues

Difficulty seeing  Other

This information will be handled sensitively to ensure you are supported as you wish.