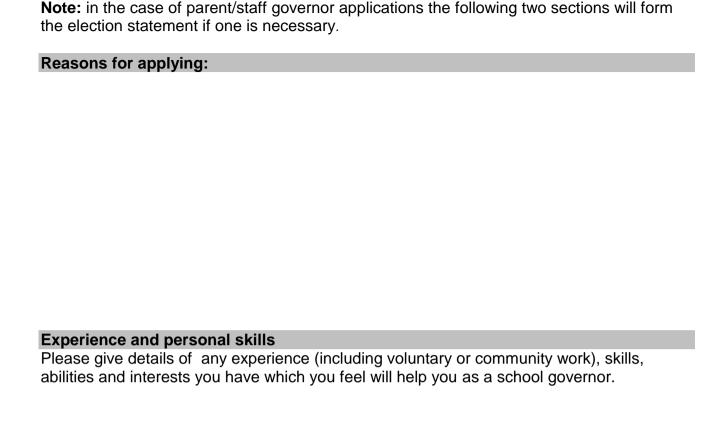


School Governor Application Form

| 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 vacancie | s (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 □ | | | | | |



Disqualification Criteria and 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:

www.hants.gov.uk/education/governors/governors-govrecruit/governors-disgcriteria.htm

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

www.hants.gov.uk/education/governors/governors-whohome/education-governors-who-whoswho.htm

Qualification and disqualification criteria

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.

A person is disqualified from appointment as an **authority governor** if they are eligible to be a staff governor of the school. A person is disqualified from appointment as a **community** governor if they are:

- eligible to be a staff governor at the school, or
- an elected member of the local authority to which the school belongs

A person is disqualified from election or appointment as a **parent governor** if they are an elected member of the LA or if they work at the school for more than 500 hours in any year. In addition a person may not be **appointed** as a parent governor unless they are:

- a parent of a registered pupil at the school, or if that is not possible
- a parent of a former pupil of the school, or if that is not possible
- a parent of a child of or under compulsory school age

At special schools the criteria are the same as the first 2 above, then

- a parent of a child of or under compulsory school age with special educational needs for which the school is approved, or if that is not possible
- a parent with experience of educating a child with special education needs

A person may not be a **partnership governor** if they are:

- a parent of a registered child at the school,
- eligible to be a staff governor at the school,
- an elected member or employee of 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 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 Hampshire Governor Services at your local office)

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: | D-1 |
|----------|-------|
| Signed: | Date: |
| Giailea. | Date. |

For Office Use Only

Date of appointment: GM updated – date:

Notes:

School use only

(Please complete and return to Hampshire Governor Services at your local office)

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: Date of appointment:

Signature: Position:

Date:

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 pro | vide this infor | rmation □ | | | | | |
|---|-------------------------------|---|--|-----------|--------------|-----------|--|
| Gender | □ Male | □ Female | | | | | |
| Age: | □ 18 – 30 | □ 31- 50 | □ 51-65 | □ 66+ | - | | |
| White: | □ Iris □ Ot | her White bad | ckground | orthern I | rish / Briti | ish | |
| Mixed | □ W □ W □ W | ☐ Gypsy/Irish Traveller☐ White & Black Caribbean☐ White & Black African☐ White & Asian | | | | | |
| Asian/Asian British | □ Ind □ Pa □ Ba □ Ch | her Mixed / M dian akistani angladeshi ninese her Asian bad | · | backgro | ound | | |
| Black/Black British | □ Ca □ Afr | aribbean rican | _ | | | | |
| Arab/other ethnic g | roup 🗆 Ar | □ Other Black background□ Arab□ Any other ethnic group (please specify) | | | | | |
| Disability The law says a personal substantial and loday activities". | | • | | | • | | |
| Do you consider yo | urself to have | e an impairme | ent of this type | e? Yes | □ No □ | | |
| If yes – please coul | d you tick an | y of the follow | ring description | ons that | may apply | / to you: | |
| Mobility difficulty Hearing difficulty Difficulty seeing | | | ning difficulty al health issu r | es | | | |

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