



E P Collier Primary School Governing Body

Governor Application Form

Basic information

Title:	
First name:	
Surname:	

Contact details

Address 1:	
Address 2:	
Address 3:	
Town/City:	
Postcode:	
Telephone number:	
Email address:	
Preferred form of contact:	
Date of Birth:	
Nationality:	

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)

What are your motivations for joining the Governing Body?

What particular skills and experience would you bring to the Governing Body?
Why do you think these will make you an effective school governor?

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?

Declaration

I confirm that I have read the following documents:

1. Being a Governor at E P Collier Primary
2. Meeting timetable
3. E P Collier Primary School Governing Body's Code of Practice.

Yes/No
Yes/No
Yes/No

I confirm that I have completed and attach a Skills Audit Form

Yes/No

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

Signed:

Date: