



# Trafalgar Schools' Federation

Believe, Inspire, Achieve

## Co-opted Governor Application Form

### Section 1: Personal details

Surname

First name(s)

Title

Address

Postcode

Telephone (mobile)

Telephone (day)

Telephone (home)

Email address

Date of birth

Any previous names you have been known by:

How long have you lived in the borough of Richmond upon Thames?

Please give details of any schools which you or close family members have attended as pupils or staff. The panel may take this into consideration, as it can sometimes cause a conflict of interest.



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## Section 2: Employment and voluntary or community work

What present/previous employment, voluntary or community work have you had that you feel is relevant to your application? Give a brief outline of your responsibilities and any relevant training or qualifications gained, with dates (Approx. 200 words).

## Section 3: Summary of experience in relation to any of the following skills

<b>Skill 1</b> <b>Premises,</b> <b>Health &amp; Safety</b>	<b>Skill 2</b> <b>Chairing/Team</b> <b>Working/Facilitation</b>	<b>Skill 3</b> <b>Finance</b>	<b>Skill 4</b> <b>Diversity</b>
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Please indicate which of the above skills are applicable to your application and continue on a separate sheet if needed. (approx. 200 Words)



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## Section 4: Personal statement

Why do you want to be a school governor at Trafalgar Schools' Federation? (approx. 100 words)

Please outline how your skills, knowledge and experience would help the work of the governing body and the two schools within our federation (approx. 200 words).

## Section 5: References

Please complete the following information for two people who can provide a reference for you. These should preferably be your current or most recent employer or someone who knows you in a professional capacity (not friends or relatives). If you are invited for interview we may contact your referee prior to this.

<b>Name:</b> <b>Organisation Name &amp; Address:</b>	<b>Name:</b> <b>Organisation Name &amp; Address:</b>
<b>Job Title:</b> <b>Capacity in which they know you:</b>	<b>Job Title:</b> <b>Capacity in which they know you:</b>
<b>Telephone No:</b>	<b>Telephone No:</b>
<b>Email address:</b>	<b>Email address:</b>



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## Section 6: Other Information

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

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:

## Section 7: Declaration

Trafalgar Schools' Federation is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

We believe in equality of opportunity and welcome applications from everyone. Appointment will be based on merit alone.

Please declare that you agree to each of the statements below by marking an 'x' in each of the boxes and sign and date the form below:

I certify that the information given on this form is correct	
I certify that I am not disqualified from appointment as a school governor for any reasons given in Schedule 4 of The School Governance (Constitution) (England) Regulations 2012. I agree that in the event that I am appointed to the Trafalgar Schools' Federation 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 Achieving for Children Richmond Upon Thames Governor Support Services and Trafalgar Schools' Federation in accordance with the Data Protection Act 2018 and confirm that it is correct and complete to the best of my knowledge and belief.	

**Signed:**

**Date:**

## Data Protection

Trafalgar Schools are jointly and separately within Trafalgar Schools' Federation (TSF) the Data Controller for the purposes of the Data Protection Act 2018. This means that TSF is responsible for making decisions about how your personal data will be processed and how it may be used. The purpose(s) for which your data will be processed is to assist in the appointment of Trafalgar Schools' Federation Governors. The information you provide will be treated confidentially at all times. Security safeguards apply to both manual and computerised held data, and only relevant staff/named disclosures can access your information.



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## Official use only:

We confirm that the person named on this form has been appointed to the Trafalgar Schools' Federation Governing Body and that proof of identity and relevant safeguarding checks have been completed.

**Signed:**

**Chair or Vice Chair to the Governors**

**Signed:**

**Headteacher**

**Signed:**

**Lead Governor of Recruitment Panel**

**Date:**

### Equalities monitoring

We positively welcome applications from all members of the community. It would help us monitor community representation and encourage groups who are under-represented 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

Age:  18 – 30  31- 50  51-65  66+

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

Irish

Other White background

Gypsy/Irish Traveller

Mixed

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)



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## Disabilities monitoring

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	<input type="checkbox"/>	Learning difficulty	<input type="checkbox"/>
Hearing difficulty	<input type="checkbox"/>	Mental health issues	<input type="checkbox"/>
Vision difficult	<input type="checkbox"/>	Other	<input type="checkbox"/>

This information will be handled sensitively to ensure you are supported in accordance with your wishes.

## NOTES:

This application form should be read in conjunction with the following documents:

Application Pack  
TSF Secure Handling of DBS Information Policy  
TSF Employment of Ex-Offenders Policy