# http://mat.schooldesign.website/wp-content/uploads/sites/11/2016/07/logo-1.jpg

# Application for appointment as a Local Governor of Ash Grove Primary Academy

**Personal details**

|  |  |
| --- | --- |
| Surname | |
| Forenames | |
| Previous/other names | |
| Date of Birth  Current address | Email |
|  | Mobile |
|  | Home Tel. |
| Postcode  Present Employment Status  Job Title  Employer |  |

**Criteria to be used when considering your application to become a Governor.**

* A commitment to supporting IPMAT’s vision and raising standards of achievement
* Ability and willingness to work constructively as part of a team in the best interest of IPMAT
* Ability to contribute expertise in at least one area mentioned on the IPMAT Information Sheet
* A willingness to fulfil the role of Governor with energy and enthusiasm and a commitment to preparing for and attendance at meetings
* To promoting and supporting safeguarding, inclusivity, equal opportunities and well-being in line with IPMAT’s policies
* A willingness to attend training as required

**Why are you applying to be a Governor and what skills can you bring to the Local Governing Board?**

**(PLEASE WRITE NO MORE THAN 500 WORDS)**

**Declarations\***

**Data Protection Act**: This information is being collected for the purposes of the recruitment and selection procedures. When you complete this document you are providing your consent for IPMAT to hold and use personal information for these purposes. The information you provide may also be disclosed to relevant statutory bodies for their purposes. If you have a query or concern regarding this, please contact Susanna Stott, Clerk to the Trust Board, at [enquiry@wntai.co.uk](mailto:enquiry@wntai.co.uk) in the first instance. IPMAT considers every application regardless of gender, age, disability, sexual orientation, race, religion and belief. The data within this form will be used by the Board to determine your eligibility for the role of governor and whether you can bring knowledge, skills or experience which has been identified as a need within the Board.

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| --- | --- | --- | --- |
| I have read the above criteria and I agree to abide by them if I should be appointed as a Governor. Furthermore, I certify that the information given in this application is true and accurate and I have disclosed any and all information that may have a bearing on my appointment. I understand that any appointment is subject to an Enhanced DBS Check and further due diligence, including references, may be required. | | | |
| **Signed:** |  | **Date:** |  |

# Local Governor Declaration form

|  |
| --- |
| Surname |
| Forenames |
| Previous/other names |

|  |  |
| --- | --- |
| Is there any reason that you should be disqualified as a Governor? | Yes / No |
| If Yes, please give details. | |
|  | |

|  |  |
| --- | --- |
| Are you or have you been a trustee, governor or charity trustee? | Yes / No |
| If Yes, please give details of your role and the name of the organization. | |
|  | |

|  |  |
| --- | --- |
| Do you have any close personal relationships with any pupil, employee, trustee or local governor of IPMAT? | Yes / No |
| If Yes, please give details. | |
|  | |

|  |  |
| --- | --- |
| Does a company you are a director or owner of have a contractual relationship with IPMAT? | Yes / No |
| If Yes, please give details of your role and the name company, with an overview of the service provided | |
|  | |

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|  |
| If you have child(ren) at an IPMAT academy, please state which academy he/she/they attend. |
|  |

I declare that I am not disqualified from serving as a Governor and that:

* **I am** aged 18 or over at the date of this election or appointment.
* **I am not** liable to be detained under the mental health act 1983.
* **I am not** bankrupt or subject to a disqualification order under the Company Director’s Disqualification Act 1986 or to an order made under section 429(b) of the Insolvency Act 1986
* **I have not** been removed from the office of a charity trustee or trustee for a charity by an order by the Charity Commissioners or the High Court on the grounds of any misconduct or mismanagement or, under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990, from being concerned in the management or control of anybody.
* **I am not** included in the list (Barred List) of teachers and workers with children or young persons whose employment is prohibited or restricted.
* **I am not** disqualified from being the proprietor of an independent school or from being a teacher or other employee in any school.
* **I am not** disqualified from working with children.
* **I have not** in the last five years received a sentence of imprisonment, suspended or otherwise, for a period of not less than three months without the option of a fine.
* **I have not** in the last twenty years been convicted of any offence and had passed on me a sentence of imprisonment of not less than two and a half years.
* **I have not** at any time had passed on me a sentence of imprisonment of not less than five years.
* **I have not** in the last five years, been fined for causing a nuisance or disturbance on education premises.
* **I am not** subject to a disqualification order under the Criminal Justice and Court Services Act 2000.

I agree to provide proof of identity to the academy in the form of an original passport, driving licence or birth certificate from which a copy will be taken for our records. **AGREE / DISAGREE**

|  |  |
| --- | --- |
| I have read the above statements and certify that the declarations given are true and accurate and I have disclosed any and all information that may have a bearing on my appointment. I understand that any appointment is subject to an Enhanced DBS Check and further due diligence may be required. | |
| **Signed**: | **Date**: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Safer recruitment and eligibility to serve as a Local Governor of an IPMAT academy** | | | |
| **As part of your application to become a Local Governor of an IPMAT academy, you need to provide details of at least one referee who knows you well (preferably two). These can either be business or personal references from someone who has known you for at least two years. Please provide at least one method of contact for each referee.** | | | |
| **REFEREE 1** | | | |
| **Name** |  | **Relationship to you** |  |
| **Email** |  | **Telephone number** |  |
| **Contact address including postcode** |  | | |
| **REFEREE 2** | | | |
| **Name** |  | **Relationship to you** |  |
| **Email** |  | **Telephone number** |  |
| **Contact address including postcode** |  | | |

Completed applications should be addressed to Susanna Stott, Clerk to the Board of Trustees, c/o IPMAT, High Street, Gawthorpe, Ossett, West Yorkshire WF5 9QP or by email to Susanna Stott, Clerk to the Board ([enquiry@wntai.co.uk](mailto:enquiry@wntai.co.uk) )