

EXPRESSION OF INTEREST FOR THE ROLE OF GOVERNOR OF A LOCAL GOVERNING BODY

A CV can be submitted instead of completing section 1 and 2 if refer

SECTION 1: PERSONAL DETAILS	
First name	
Preferred name	
Surname	
Contact No.	
E-mail or Address	
Employment status	
Occupation	
Employer name	
Please provide details if you have, or have had a connection with the University of Chichester Academy Trust, University of Chichester, its governors, staff or pupils, students?	
SECTION 2: QUALIFICATIONS AND OFFICE HELD	
Highest Qualification	
Subject	
Institution	
Other professional qualifications	
Member of professional bodies	
Non-Executive roles (unpaid) held in past 5 years (state if current)	
Are you or have you been a director, company secretary or controller of any company in the last three years? If so, please give details	

SECTION 3: SUPPORTING INFORMATION

Why would you like to become a school governor?

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How could your experience and skills help you in your role and benefit the academy/school?

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SECTION 4: SKILLS (None / Basic / Moderate / Specialist)

Local community context and engagement	
Education/Teaching	
Safeguarding/Pupil Welfare	
SEND	
Equality, Diversity and Inclusion	
Mental Health & Wellbeing	
Marketing/PR	
Estates/Premises	
Health & Safety	
Technology & Systems	
Data Analysis	
Finance	
Other Skills	

SECTION 5: DECLARATION

I confirm that I have read the Qualifications and Disqualifications (regulation 17 and Schedule 4 of the Constitution Regulations 2012) and that I am not disqualified from serving as a school governor, and that this form can be recorded and used by the University of Chichester Academy Trust for the agreed purpose in accordance with the Data Protection Act 2018 and the GDPR.

By signing this form, I confirm that:	<ul style="list-style-type: none"> • I am willing to undertake a Disclosure and Barring Service (DBS) check • I will uphold the objects, purpose and ethos of University of Chichester Academy Trust • I will commit to meet the requirements of being a school governor
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Signed	
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Dated	
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To be completed by the LGB Chair or Vice-Chair and submitted to the Company Secretary

Recommendation:	
Reason for Recommendation:	
Any other comments:	
Completed by:	
Dated:	