

**Hertfordshire School Governance**

**Governor Application Form**

If you are interested in becoming a School Governor

please register your interest by completing this form

**Section A**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Daytime Telephone |  |
| First Name |  | Evening Telephone |  |
| Surname |  | Mobile Number |  |
| Address |  | Email Address |  |
| Address |  |
| Town |  |
| Postcode |  |

**Section B**

|  |  |
| --- | --- |
| Why do you want to be a school governor and what special skills will you bring to the role? For example - do you have any experience in school improvement, finance, human resources, health and safety or safeguarding? | |
| What areas in Hertfordshire would you be interested in going to? (Which town or borough etc.) Do you have your own transport? | |
| Is there a particular school you wish to be considered for? (If you are a parent of a child in this school you would need to contact the school direct to discuss the parent governor application process) | |
| Do you have children of school age, if so what school do they attend? | |
| What is/was your occupation? | |
| Have you been a governor in Hertfordshire before? If so where? | |
| Do you feel able to support schools of a particular religious denomination? (It is not obligatory to answer this question) | |
| Where did you hear about becoming a school governor? e.g. Herts Website, at an event, from a friend etc. | |
| **Signature** | **Date** |

Please return the completed application form to:[**lea.governors@hfleducation.org**](lea.governors@hfleducation.org)

A copy of the form will be retained by HFL Education Governance Team for 2 years or until you are placed with a school. If you would like us to remove your details from our files, please contact us on [**lea.governors@hfleducation.org**](https://hfl365.sharepoint.com/Sdrive/Documents/MarketingEvents/M&E%20Team/Digital/-%20HFL%20Education%20website/content/-%20FINAL%20COPY/governance/downloads/lea.governors@hfleducation.org)

**GOVERNOR SELF-DECLARATION FORM**

**(to be completed on application as part a check to confirm the applicant is not disqualified from holding office)**

**(Signed copy to be retained by the school)**

**PLEASE WRITE CLEARLY AND USE BLOCK CAPITALS IT IS ESSENTIAL TO COMPLETE ALL SECTIONS**

Title:**­­­­­­­­­­­­**  Surname:First Name:

Address:

Postcode: **­­­­­­­­­­­­­­­­­­**

School and Address: (Office Use) School Number

A governor must be aged 18 or over at the time of their election or appointment and cannot be a registered pupil at the school.

1. **A person is disqualified from holding or from continuing to hold office as a governor or associate member if he or she:**

* fails to attend the governing board meetings – without the consent of the governing board – for a continuous period of six months, beginning with the date of the first meeting missed (not applicable to ex officio governors);
* is subject to a bankruptcy restriction order, an interim bankruptcy restriction order, a debt relief order or an interim debt relief order;
* has had his or her estate sequestrated and the sequestration order has not been discharged, annulled or reduced;
* is subject to:

i) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986

1. a disqualification order under Part 2 of the [Companies (Northern Ireland) Order 1989](http://www.opsi.gov.uk/si/si1989/uksi_19892404_en_1)

iii) a disqualification undertaking accepted under the [Company Directors Disqualification (Northern Ireland) Order 2002](http://www.opsi.gov.uk/SI/si2002/20023150.htm)

1. an order made under Section 492(2)(b) of the [Insolvency Act 1986](http://www.insolvency.gov.uk/insolvencyprofessionandlegislation/legislation/uk/insolvencyact.pdf) (failure to pay under a County Court administration order);
   * has been removed from the office of charity trustee or trustee for a charity by the Charity

Commissioners or High Court on grounds of any misconduct or mismanagement, or under [Section 34 of the Charities and Trustees Investment (Scotland) Act 2005](http://www.opsi.gov.uk/legislation/scotland/acts2005/asp_20050010_en_3#pt1-ch4-pb2-l1g34) from participating in the management or control of any body;

* + is included in the list of people considered by the Secretary of State as unsuitable to work with children;
  + is subject to a Section 128 (Prohibition from Management)
  + is disqualified from working with children or subject to a direction under [Section 142 of the Education](http://www.opsi.gov.uk/ACTS/acts2002/ukpga_20020032_en_12" \l "pt8-pb6-l1g142)

[Act 2002](http://www.opsi.gov.uk/ACTS/acts2002/ukpga_20020032_en_12" \l "pt8-pb6-l1g142);

* is disqualified from registration for childminding or providing day care;
* is disqualified from registration under Part 3 of the [Childcare Act 2006](http://www.opsi.gov.uk/acts/acts2006/pdf/ukpga_20060021_en.pdf);
* has received a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months (without the option of a fine) in the 5 years before becoming a governor or since becoming a governor;
* has received a prison sentence of two-and-a-half years or more in the 20 years before becoming a governor;
* has at any time received a prison sentence of five years or more;
* has 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;
* Refuses to allow an application to the Disclosure & Barring Service for a criminal records certificate.

**Note to governor - please ensure you read the above before signing below:**

* **An enhanced DBS check will be carried out by the school;**
* **Please check with the school office as to what original ID you need to produce and who you should present the ID to for processing the enhanced DBS check;**
* **Upon receipt of the DBS certificate, you must present the original certificate to the person who processed the enhanced DBS so the information can be recorded on the Single Central Record maintained by the school (statutory requirement)**

Signature (Applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (CoG/Head): ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_