

Governor Application Form

Application for (tick one)

Parent Governor		Co-opted Governor		Trustee		
School Name:						
Title:	Forename(s):					
Surname:						
Any other surname(s) used						
Any other forename(s) used:						
Country of birth						
Profession / employer	Profession / employer					
Address:						
Post Code:		Daytime Tel:				
Date of Birth:		E-mail (please print):			
Mobile:						
Personal Statement to support application:						

Personal Statement cont	inued:					
Do you have a particular	skill set? (please tick)					
Legal	Financial	Human Resources	Health & Safety			
Community Relations	Data Analysis	Strategic Planning	Premises Management			
Procurement	ICT	PR & Marketing	Teaching			
Special Educational						
Needs	Safeguarding	Quality Assurance	Project Management			
Other: please detail below						
Signed:			Date:			
Data Protection Act						

Personal data supplied on this form may be held on computer systems, both live and test, and will be used in accordance with the Data Protection Act 1998 for statistical analysis, management, planning and in the provision of services by Symphony Learning Trust and its partners. The information will be held in accordance with the Trust's records management and retention policy.

Office Use Only:

Date of Appointment:	Declaration Signed?	
DBS Certificate No.	Dated:	