

JOINT DIOCESAN BOARD OF EDUCATION

DIOCESE of WINCHESTER

APPLICATION TO BE A FOUNDATION GOVERNOR

NAME OF SCHOOL -

| SECTION A: PERSONAL DETAILS OF THE PERSON BEING NOMINATED To be completed by the nominee. | | | |
|---|--|--|--|
| 1. PERSONAL DETAILS | | | |
| Surname: Title (Mr/Mrs/Miss/Dr etc): | | | |
| Christian name(s) or First name(s): Date of birth:/ / _/ | | | |
| Any previous names, maiden names or aliases: | | | |
| Address: | | | |
| Postcode: | | | |
| Daytime Tel No: Evening Tel No: | | | |
| Mobile Number: | | | |
| Email address: | | | |
| DBS Certificate Number: Date: | | | |
| Have you ever been or are you currently a school governor? YES / NO | | | |
| If yes, please give details of the school, type of governor and period of office: | | | |
| | | | |
| I agree to attend a Diocesan Foundation Governor Induction Training Session as soon as possible YES / NO | | | |
| I have met the Headteacher, Chair of governors and visited the school. YES / NO | | | |
| If NO, please give your reasons: | | | |
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2. ELIGIBILITY INFORMATION

| Briefly describe the skills you will bring to the governing body, your involvement with your church and |
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| any previous experience you have had with schools or education: |

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3. NOMINEE'S DECLARATION OF ELIGIBILITY

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

- I am aged 18 or over at the date of this appointment.
- I accept that if I fail to attend governing body meetings for a continuous period of six months beginning with the date of the first meeting I failed to attend, without the consent of the governing body, I will be disqualified.
- **I am not** the ex-officio governor specified in the instrument of government of this school or the named ex-officio governor of more than two other schools.
- I am not bankrupt.
- **I am not** subject to a disqualification order or disqualification undertaking under companies legislation or an order concerning insolvency.
- **I have not been** removed from the office of trustee for a charity on grounds of misconduct or mismanagement or from being concerned in the management or control of any body.
- I am not included in the list of those considered by the Secretary of State as unsuitable to work with children.
- **I am not** subject to a direction of the Secretary of State under section 142 of Education Act 2002.
- **I have not been** disqualified from working with children or from registration for child minding or providing day care.
- I have not received a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) in the five years before becoming a governor or since becoming a governor.
- I have not received a prison sentence of 2.5 years or more in the 20 years before becoming a governor.
- I have not at any time received a prison sentence of five years or more.
- I have not 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.
- I have not refused to make an application for a criminal records certificate.
- In the event that I am appointed to a governing body, I will notify the Diocesan Board of Education and the Clerk to the governing body immediately should I become disqualified during my term of office.
- I note that there is a Diocesan requirement that every foundation governor must comply with the school's current policy on child protection/safeguarding and participate in the appropriate disclosure and checking procedures and I am agreeing to this taking place.

I declare that I have been made aware of the skills needed by the governing body and that I have the skills required or I have the capacity and willingness to acquire them through appropriate training.

| Signed: | Date: | | / |
|---|-------|----|---|
| Name: (Please arrange for this signature to be countersig | | | |
| Witness signature: | Date: | _/ | / |
| Name: | | | |
| Occupation: | | | |





| SECTION B: NOMINATION BY THE PARISH or DEANERY GOVERNOR To be completed by the PCC Secretary of the nominating Paris and counter-signed by the Parish Priest or stamped with | h or the Deanery representative | | |
|---|---------------------------------|--|--|
| The Parochial Church Council of: | | | |
| or Deanery Synod of: | | | |
| wish to nominate: | | | |
| to be appointed as foundation governor of: | | | |
| We declare that we have discussed with the school the skills needed by the governing body and this person has the skills required or the capacity and willingness to acquire them through appropriate training. | | | |
| Signed: | | | |
| Name: (PCC Secretary or Deanery representative) | | | |
| Counter Signed: | | | |
| Name:(Parish Priest) | PCC Stamp | | |

When Section A and B have both been completed and signed please take this form to the headteacher or school administrative officer together with your proof of identity. Proof of identity can be a passport, driving licence or birth certificate. You will also be required to take the paperwork needed for your DBS check to be carried out.

The headteacher or school administrative officer will check and return your proof of identity, and sign the section below.

| SECTION C: PROOF OF IDENTITY CHECK To be completed by the headteacher or school administrative officer. | | | |
|--|--------------|--|--|
| I have checked the identity of the above named person. | | | |
| Signed: | Position: | | |
| School: | | | |
| Date: / / | | | |
| | School Stamp | | |





Data Protection

The information that you provide on this form will be held on a computerised database maintained by the data controller (The Portsmouth Diocese). Your data will be used in accordance with the principles set out in the Data Protection Act 1998, which protects the right to privacy of individuals whose personal details are held by the data controller.

Please return this form to:

Governance Coordinator Education Team Diocesan Office Peninsular House Wharf Road Portsmouth PO2 8HB

You will be notified of the outcome by letter as soon as possible. If you have any questions please telephone 02392 899 651

| For office use only | | | | | |
|--------------------------|---|--------|-----------------|---|----------|
| Appointed by DBE from: _ | / | / | to: _ | / | / (Date) |
| Applicant notified: | / | / | _ (Date) | | |
| Database updated on: | / | / | (Date) | | |
| LA notified: | | (Date) | Clerk notified_ | | (Date) |
| | | | | | |