Application Form – Governance

| Role applied for: | ✓ Please tick as of Member □ Trustee □ Co-opted □ Parent go □ Staff gove | □ Barnhill □ Belmore □ governor □ William Byrd overnor | | | | | | | | | | | | | |
|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| Section 1 – Personal Details | | | | | | | | | | | | | | | |
| Surname | Title | | | | | | | | | | | | | | |
| Forename(s) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Home Address | Postcode | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Telephone Numbers | Ноте | | | | | | | | | | | | | | |
| | Mobile | | | | | | | | | | | | | | |
| | Email Address | | | | | | | | | | | | | | |
| | Date of Birth | | | | | | | | | | | | | | |
| A | Nationality | | | | | | | | | | | | | | |
| Any Previous names | | | | | | | | | | | | | | | |
| Section 2 – Relevant Information | | | | | | | | | | | | | | | |
| Please indicate 'x' for a | II statements that a | apply to you: | | | | | | | | | | | | | |
| I live in the Londor I am an elected me I work for the Loca I am paid to work i I have been a scho | n Borough of Hilling ember of the Local A I Authority in the Lo n a school in the Lo ol governor/trustee | /Belmore/William Byrd - please state which school: I Authority in the London Borough of Hillingdon. London Borough of Hillingdon. London Borough of Hillingdon. ee/director/member before. mber before, but not in a school. |] | | | | | | | | | | | | |
| _ | | ls & Personal Statement | | | | | | | | | | | | | |
| Please indicate with an 'x' any areas you have sound experience or skills: | | | | | | | | | | | | | | | |
| Marketing/PR Health and Safety | | Customer Service Organisational Skills Information Technology Decision Making | | | | | | | | | | | | | |
| Finance/Accountancy | | Communications Problem Solving | | | | | | | | | | | | | |
| Human Resources | | Strategic Planning Team Working | <u> </u> | | | | | | | | | | | | |

| Please govern | | | | | | | | | | | | | | | | | | | | reas | ons | ٧ | vhy | y | ou | wis | h | to | bec | ome | а | tr | ust | |
|------------------|----|--------------|------|----|------|------|-----|-----|-------|-----|------|-----|-----|-----|-----|-----|-----|------|----|-------|------|---|-----|---|----|-----|---|----|-----|-----|---|----|-----|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please | ou | <u>utlir</u> | ıe t | he | skil | ls a | ınd | qua | aliti | ies | tha¹ | t y | ou_ | COI | uld | bri | ing | ξ to | ou | ır Tr | ust. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section 5 – Declaration

Data protection

The information that you provide on this form will be used by the Middlesex Learning Partnership (the data controller). 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. If successfully appointed, we may share your details with the London Borough of Hillingdon regarding training opportunities and for providing details about our governing body.

Eligibility to serve as a trust governor/director/member

This position may give you privileged access to children and it will be necessary for you to undergo Disclosure and Barring Service Screening (DBS check).

You must confirm that you are not disqualified from serving as a trust governor/director/member. A summary of all the disqualification criteria can be found below. It is an offence to serve as a school governor/director/member whilst disqualified.

Schedule 6 of the Constitution Regulations covers the qualifications and disqualification for governorship. A person is disqualified from holding or from continuing to hold office as a governor/director/member if he or she:

- Is detained under the Mental Health Act 1983 during their period of office;
- Fails to attend the governing body meetings without the consent of the governing body 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 or an interim order;
- has had their estate sequestrated and the sequestration order has not been discharged, annulled or reduced;
- is subject to:
 - a disqualification order or disqualification undertaking under the Company Directors Act 1986
 - a disqualification order under Part 2 of the Companies (Northern Ireland) Order1989
 - a disqualification undertaking accepted under the Company Directors Disqualification (Northern Ireland)
 - an order made under section 492(2)(b) of the Insolvency Act 1986 (failure to pay under 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 from participating in the management or
 control of anybody;
- is included in the list of people considered by the Secretary of State as unsuitable to work with children;
- is disqualified from working with children or subject to a direction under section 142 of the Education Act 2002;
- is disqualified from registration for childminding or providing day care;
- Is disqualified from registration under Part 3 of the Childcare Act 2006;
- has 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/director/member or
 since becoming a governor/director/member has received a prison sentence of 2.5 years or more in the
 20 years before becoming a governor/director/member;
- 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/director/member;
- refuses to allow an application to the Disclosure and Barring Service for a criminal records certificate.

PLEASE COMPLETE THE DECLARATION BELOW:

| Please delete as appropriate: | DECLARATION |
|-------------------------------|--|
| YES / NO | I confirm that I am over 18 as at the date of my signature below. |
| YES / NO | I confirm that the information on this form is correct and complete to the best of my knowledge and belief. |
| YES / NO | I confirm that I am not disqualified from serving because of any of the criteria listed above, and I will notify the Trust Clerk immediately should I become disqualified. |
| YES / NO | I agree that, if appointed, an Enhanced DBS check will be carried out (this is a requirement for all members/trustees/governors). |
| YES / NO | I am willing and able to spare the time to volunteer as a member/trustee/governor (please contact kboulter@mlp.org.uk if you have any questions about the role). |
| YES / NO | I agree that, if appointed, an Enhanced DBS check with Child Barred List Check will be carried out (members/trustees/governors are not required to have a Child Barred List Check and you may refuse this but having this check can enable greater flexibility in the role). |
| YES / NO | I agree that the information given on this form is being recorded and used by the Middlesex Learning Partnership in accordance with the Data Protection Act. |

| Signed: | Date: |
|---------|-------|
| | |

Thank you for completing this application.

Please return this form to the Trust Clerk, Kate Boulter kboulter@mlp.org.uk