|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | First Name: | |  | | Last Name: | |  | |
|  | | | | | | | | | | |
| E-mail: | |  | | | | | | | | |
|  | | | | | | | | | | |
| Telephone No: | | | |  | | | | | | |
|  | | | | | | | | | | |
| Address: | |  | | | | | | | | |
|  | | | | | | | | Post Code: | |  |
|  | | | | | | | | | | |
| Occupation (where applicable): | | | | | |  | | | | |
|  | | | | | | | | | | |
| Why do you want to be a governor? What skills and experiences do you feel you can bring to the Governing Body? (please use a continuation sheet if necessary) | | | | | | | | | | |
|  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Specialist Skills** (please tick any of the boxes where you have skills or experience) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Marketing | |  |  | |  | Finance | | |  | |  |
| Strategic Planning | |  |  | |  | Human Resources | | |  | |  |
| Legal | |  |  | |  | Languages | | |  | |  |
| Art & Design | |  |  | |  | IT | | |  | |  |
| Health & Safety | |  |  | |  | Sport | | |  | |  |
| Business & Enterprise | |  |  | |  | Science & Technology | | |  | |  |
| Project Management | |  |  | |  | Education | | |  | |  |
| Child Welfare | |  |  | |  | Community Regeneration | | |  | |  |
| Other (Please state) | |  |  | |  |  | | | | | |
|  | | | | | | | | | | | |
| **Other Governorships** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Are you currently a governor at any other academy, school or education facility?  If so, please provide details below. | | | | | | |  | Yes |  | No | |
|  | | | | | | | | | | | |
| Name of academy, school or education facility | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| Have you previously been a governor at any other academy, school or education facility? If so, please provide details below. | | | | | | |  | Yes |  | No | |
|  | | | | | | | | | | | |
| Name of academy, school or education facility | | | |  | | | | | | | |
| Length of Service |  | | | | | | | | | | |
|  | | | | | | | | | | | |