

ACET GOVERNOR – APPLICATION FORM



SECTION ONE: PERSONAL DETAILS

Interested in becoming a:	PARENT/CARER GOVERNOR If applying for a governor role, please state which academy you wish to apply to:
Title	
Name	
Address	
Phone number	
Email address	

Please note that your address and contact information is for use by ACET and members of the Trust Board/Local Governing Body, and will otherwise remain confidential unless the trust is legally required to release it.

SECTION TWO: DECLARATION OF INTERESTS

I confirm that I:

- Am aged over 18
- Am not a current pupil/student at the academy or academy within ACET
- Have not been declared bankrupt
- Am not the subject of a bankruptcy restrictions order or an interim order
- Have not been disqualified from holding office as a governor
- Have not been disqualified from being a company director and/or a charity trustee
- Have not been removed as a trustee for a charity by an order made by the Charity Commission or the High Court on the grounds of misconduct or mismanagement in administration of the charity
- Have not been convicted of a criminal offence (excluding any spent convictions, or any offences for which the maximum sentence was a fine)
- Agree to provide a criminal records certificate at an enhanced disclosure level

Please sign and date to indicate that you have read, and agree to this information:	
Signature:	Date:

Please provide details overleaf of why you wish to apply to become a governor.

SECTION THREE – PERSONAL STATEMENT

Please include below your reason(s) for becoming a governor (maximum 500 words - please use additional paper if required)

Why would you like to become a governor?

What skills can you bring to the role?

I confirm that to the best of my knowledge all the information provided on, or in connection with, this form and statement of interest for the position of school governor is accurate.

Signature:

Date:

For Parent/Carer Governor Application Only:

Your nomination must be supported by another parent/carer of a student on roll at the academy who is not a member of your family – supporter to sign below or email their support of application to Lucy Monday, Assistant Governance Professional – governance@astonctrust.org

I wish to support the above nomination to become a parent representative governor of:

Print Name

Signature