

**Western Road Primary School**

**Application Form for the Election of Co-Opted Governor**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Post Code |  |
| Telephone |  |
| Email Address |  |

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| --- |
| Why are you interested in becoming a governor at our school: |
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| --- |
| What skills can you bring to the role: |
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| --- |
| Please provide any other relevant interests and experience: |
|  |

Please provide two references:

|  |  |
| --- | --- |
| **Referee 1** |  |
| Name |  |
| Job Title |  |
| Relationship to Applicant |  |
| Phone Number |  |
| Email address |  |

|  |  |
| --- | --- |
| **Referee 2** |  |
| Name |  |
| Job Title |  |
| Relationship to Applicant |  |
| Phone Number |  |
| Email address |  |

 I confirm that I:

* Am aged over 18
* Am not a current pupil at the school
* Am not the subject of a bankruptcy restrictions order, an interim bankruptcy restrictions order, a debt relief restrictions order, an interim debt relief restrictions order or a sequestration that has not been discharged, annulled or reduced
* 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 removed, under section 34 of the Charities and Trustee Investment (Scotland) Act 2005, from being concerned in the management or control of any body
* Have not been disqualified from being a company director and/or a charity trustee
* Have not been disqualified from holding office as a governor
* Have not been removed from office as an elected governor within the last 5 years
* Am not disqualified from working with children, barred from regulated activity and/or disqualified from registering for childminding or providing daycare
* Am not disqualified from registering under Part 3 of the Childcare Act 2006
* Am not subject to a direction of the Secretary of State under section 142 of the Education Act 2002, or to a section 128 direction
* Am not disqualified from being an independent school proprietor, teacher or employee by the Secretary of State

**NOTE:** If you’re unsure whether any of the points above apply to you, please check with the clerk.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this form to the School Office marked for the attention of the Chair of Governors***