

Application to be nominated as a School Governor

1. Contact details:

Title (Ms, Mrs, Mr, Other):

First names (in full)

Surname

Address

Home phone number

Work number

Mobile number

Email

Please return this form to:

Governor.services@rbkc.gov.uk

Or

School Standards - Business Support Team (Second Floor Green Zone)

Royal Borough of Kensington and Chelsea

Town Hall

Hornton Street

London, W8 7NX

Tel: 020 7745 6444



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

2. CV attached

Yes No

3. Will you allow your application form to be considered by a Faith School

Yes No

4. Do you have children of school age?

Yes No

5. If YES, do they attend a Kensington & Chelsea School

Yes No

Please specify which one

6. Why are you interested in serving as a Governor?

7. What personal qualities, experience, expertise, or skills could you bring to the Governing Body?

8. Please tick what type of school/area you wish to be appointed as a governor.

Nursery Primary Secondary No preference

9. If you are already a governor at a school, please state the school, borough, and category of governor.

10. If there is a particular school or type of school you are interested in please indicate your preference below

11. Are you disqualified from serving as a governor (whichever category)?
(See Appendix A)

Yes No

12. If so, what is the nature of that disqualification?

13. Are you willing to undertake training as a governor offered to you by the Council?

Yes No

14. Are you willing to obtain a Disclosure Certificate from the Disclosure and Barring Service – this is now a mandatory requirement.?

Yes No

15. Are you willing and able to regularly attend meetings of the Governing Body?

Yes No

16. Are you willing and able to serve on committees of the Governing Body if called upon to do so?

Yes No

I declare:

- a. I am committed to raising standards at the school and I will work for the good of the pupils and the school to which I am appointed.
- b. I will not take actions or make statements harmful to the interests of the school and its pupils.
- c. I declare the information given in this notice is true and correct to the best of my knowledge and belief.

I recognise it can be a criminal offence to:

- a. Omit information that ought to be given in this notice.
- b. Provide information that is materially false or misleading.
- c. Fail to give further notices in order to bring up to date information given in this notice.

Signed:

Name:

Date:

Data Protection Notice

The personal information that you provide will be handled in accordance with the Data Protection Act 2018. It will be used by Governors Support for the purpose(s) of ascertaining suitability to fulfil the role of School Governor and will only be used for this and related purposes.

The information you have given in sections 1 to 11 of this form may be disclosed to officers in the Children's Services department of the Council and to the Headteacher, administrative staff and chairman of governors.

Appendix A

Disqualification From School Governorship

There are certain restrictions on becoming a school governor. Please sign and return this form to confirm that they do not apply to you

I confirm that ...

- I am aged 18 or over at the date of this election or appointment;
- I do not already hold a governorship of the same school;
- I am not detained under the Mental Health Act 1983;
- I am not bankrupt or subject to a disqualification order under the Company Directors Disqualification Act 1986 or to an order made under section 429(2)(b) of the Insolvency Act 1986;
- I have not been removed from the office of trustee for a charity by an order made by the Charity Commissioners or the High Court on the grounds of any misconduct or mismanagement or, under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990, from being concerned in the management or control of any body;
- I am not included in the list (List 99) of teachers and workers with children or young persons whose employment is prohibited or restricted;
- I am not disqualified from being the proprietor of any independent school or for being a teacher or other employee in any school;
- I have not, in the five years prior to becoming a governor, received a sentence of imprisonment, suspended or otherwise, for a period of three months or more without the option of a fine;
- I have not, in the twenty years prior to becoming a governor received a sentence of imprisonment for a period of two and a half years or more;
- I have not, at any time, had passed on me a sentence of imprisonment for a period of five years or more;
- I have not been fined, in the five years prior to becoming a governor, for causing a nuisance or disturbance on education premises;
- I am not subject to a disqualification order under the Criminal Justice and Court Services Act 2000.
- I agree to an enhanced disclosure with the Disclosure and Barring Service (DBS)

Parent governors:

I am not employed at the school for more than 500 hours a year, nor an elected member of the Local Authority

Parent and Staff Governors:

I have not previously held office as an elected parent or staff governor and been removed from the governing body during my term of office, which will have resulted in my disqualified from serving or continuing to serve as a school governor for five years from the date of my removal.

Local Authority Governors:

I am not...

- an employee of the Council’s Children’s Services Department
- employed by the governing body of voluntary aided schools maintained by the Council or in an Academy
- a close relative (mother, father, brother, sister, partner, or child) of a member of staff at the school to which the appointment is to be made

Signed:

Name:

Date:

Criminal Records Disclosure

All appointed governors will be subject to a satisfactory enhanced disclosure from the Disclosure and Barring Service.

References

Please provide the name, address, telephone number and e-mail of two people who can be contacted for an endorsement of your application. Referees should be someone with a professional background or involvement in local education or community activity. It necessary please state your relationship to the referee. It should not be a close family member

First Reference:

Second Reference:

Equal Opportunities Monitoring

The Council aims to reflect the diverse community we serve on governing bodies. The information you provide is maintained confidentially and will allow us to monitor the effectiveness of our policies and procedures.

To which of these groups do you consider you belong?

Please tick one (or write in space if appropriate)

<input type="checkbox"/> Black or Black British - African
<input type="checkbox"/> Black or Black British - Somali
<input type="checkbox"/> Black or Black British - Caribbean
<input type="checkbox"/> Any other Black background - please specify:
<input type="checkbox"/> Asian or Asian British - Indian
<input type="checkbox"/> Asian or Asian British - Pakistani
<input type="checkbox"/> Asian or Asian British - Bangladeshi
<input type="checkbox"/> Asian or Asian British - Chinese
<input type="checkbox"/> Any other Asian background - please specify:
<input type="checkbox"/> White - English/Welsh/Scottish/Northern Irish/British
<input type="checkbox"/> White - Irish
<input type="checkbox"/> White - Gypsy or Irish Traveller
<input type="checkbox"/> White - Other European
<input type="checkbox"/> Any other White background - please specify:
<input type="checkbox"/> Mixed/multiple ethnic groups - White and Black Caribbean
<input type="checkbox"/> Mixed/multiple ethnic groups - White and Black African
<input type="checkbox"/> Mixed/multiple ethnic groups - White and Asian
<input type="checkbox"/> Any other mixed background - please specify:
<input type="checkbox"/> Other ethnic group - Moroccan Arab
<input type="checkbox"/> Other ethnic group - Other Arab
<input type="checkbox"/> Other ethnic group - Filipino
<input type="checkbox"/> Any other ethnic group - please specify:
<input type="checkbox"/> Prefer not to state

Please specify other answers:

a. What is your sex

Female Male Prefer not to state

Prefer to self describe - please specify below

b. Date of birth:

c. Do you have a disability as outlined in the Disability Discrimination Act?

“ A physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities”

Yes No

Please give details of any access / special needs provision you would require:

Important

Please note that TWO satisfactory references must be received before your application can be kept on file. A copy of this form will be forwarded to schools if you fit their requested eligibility criteria.