

Application Form

Appointed Governors

CONFIDENTIAL

Prior to completion of this application form, there is information available in the Governance section of the Academy website https://www.samuelbarlowprimary-ac.org.uk/ and https://www.wainwrightprimary-ac.org.uk/ If you have not already done so you may also find it helpful to have a discussion with the Chair/Vice Chair of Governors and/or the Principal and this can be arranged at a convenient time.

You will find enclosed a short introduction to 'Being a Governor' and on successful appointment to the Academy Board you will be asked to complete a Skills Audit. The skills review helps us to understand your experience and how we can also help and seek opportunities to enhance the training and information we provide for our governors.

| Please use BLACK ink or complete ELECTRONICALLY and complete ALL sections | | | | | | | |
|---|--|--|--|---------------|------------|--|--|
| POSITION: | | APPOINTED: LOCAL ACADEMY COMMITTEE GOVERNOR | | | | | |
| NAME OF ACADEMY: | | Samuel Barlow Primary/Wainwright Primary Academy | | CLOSING DATE: | 31/01/2020 | | |
| 1. PERSONAL DETAILS | | | | | | | |
| Name: | | | Home t | relephone no: | | | |
| Title by which you wish to be referred: | | | Mobile/ Work to | elephone no: | | | |
| (Mr/Mrs/Miss/Ms/Other) | | | | | | | |
| Address: | | | Lindii e | address: | | | |
| 2. PRESENT OR LAST EMPLOYER | | | | | | | |
| Name and address of employer: | | | Name and address of establishment where employed (if different): | | | | |
| Nature of business: | | | Job title/Post: | | | | |
| Brief description of duties: | | | | | _ | | |
| 3. CURRICULUM VITAE | | | | | | | |

Please attach a short Curriculum Vitae to the application form. Include work/voluntary experience, education,

training, qualifications and membership of professional bodies.

| 4. INFORMATION IN SUPPORT OF YOUR APPLICATION | | | | | |
|---|--------------------------------|----------|--|----------------------|--|
| In no more than 100 words, please give details of any relevant experience, skills or knowledge to support your application to the governing body. | | | | | |
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| 5. REFEREES | | | | | |
| Please provide details of tw | vo referees below. Friends and | relative | s are NOT acceptable | referees. One of the | |
| • | ent/or most recent employer, o | | • | referees. One of the | |
| The Academy reserves the | right to approach any previous | employ | er or manager. | | |
| Name (Referee 1): | | Name | (Referee 2): | | |
| Status: | | Status | : | | |
| Organisation (if appropriate) / professional relationship: | | | isation (if priate) / professional nship | | |
| Address: | | Addre | SS: | | |
| | | | | | |
| Telephone No: | | Telepl | none No: | | |
| Email address: | | Email | address: | | |
| How long known? | | How lo | ong known? | | |
| 6. DISCLOSURE OF CRIMINAL BACKGROUND | | | | | |
| It is the Academy's policy that all governors complete a Disclosure and Barring Service (DBS) check. If you consent to this your name and email address will be used by HR to start the DBS process using the on-line system. You will receive an email with a form to complete and once you have done this, you will need to bring in copies of 3 pieces of ID evidence to the Clerk. These are passport, driving licence and a utility bill/bank statement less than 3 months old for checking your address. Your application can then be verified. | | | | | |
| Please answer the following questions: | | | | | |
| Do you consent to the Academy completing a DBS check? | | | | | |

| Have you ever been convicted of a criminal offence? | YES NO | | | | |
|--|-----------------|--|--|--|--|
| Have you ever been cautioned for a criminal charge? | YES NO | | | | |
| Are you at present the subject of a criminal charge? | YES NO | | | | |
| If YES to any of the above questions, please give brief details including dates: | | | | | |
| All academies within The Diverse Academies Trust are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and we expect all staff and volunteers to share this commitment. Successful applicants will receive the Academy's Safeguarding Policy that outlines the duties and responsibilities of the employer and all employees. | | | | | |
| 7. GENERAL | | | | | |
| You are required to declare below any relationship with or to a Member of the County Council or an employee of the Authority. | | | | | |
| Please state name and position: | | | | | |
| Have you ever been the subject of formal disciplinary proceedings? If yes, please give details including dates. | YES NO Details: | | | | |
| This information is required, including that related to warnings regarded as "spent" in order for the Academy to ensure safe recruitment and meet its obligations, for relevant appointments, to safeguard vulnerable students. However, you should be aware that any disciplinary history declared will not automatically prevent or inhibit appointment and will depend on the dates and circumstances related to the disciplinary action, outcomes and the type of post being applied for. Note that you are also required to include information if you were subject to a disciplinary process but resigned before it was completed. | | | | | |
| 8. DISABILITY DISCRIMINATION ACT 2005 | | | | | |
| The Disability Discrimination Act 2005 defines disability as, "a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities" and covers people with cancer, HIV and MS from the date of diagnosis. The Act requires an employer to make "Reasonable Adjustments" to working conditions, in order to enable disabled applicants to have equal access to employment opportunities. The information disclosed here will only be used to enable a fair decision to be made and will not be used to discount applicants. | | | | | |
| Do you consider yourself to be disabled? | YES NO | | | | |
| 9. DATA PROTECTION ACT | | | | | |
| The personal information collected on this form will be processed on computer to manage your application. If successful, your personal information will be retained whilst you are a governor and used for personnel administration. It will not ordinarily be disclosed to anyone outside the Academy without first seeking your permission, unless there is a statutory reason for doing so. This Academy is under duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. | | | | | |

For further information visit: www.informationcommissioner.gov.uk or contact the Academy's Data Protection Officer

on 01777 870001.

| 10. DECLARATION | | | | |
|--|--------|--|--|--|
| I declare that, to the best of my knowledge and belief, the information given on ALL parts of this form is correct. I understand that, should my application be successful and it is discovered subsequently that information has been falsified, and then disciplinary action may be taken which may include dismissal from the post. | | | | |
| Signed | Print: | | | |
| Please return your completed forms and CV by post/hand to: Clerk to the Academy Board, Mrs E Paine at either Samuel Barlow Primary Academy, Church Lane, Clipstone, Nottinghamshire NG21 9DF or Wainwright Primary Academy, Harrop White Road, Mansfield, Nottinghamshire NG19 6TF. | | | | |
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| I have read the GDPR [General Data Protection Regulations] Guidance and understand that the information I have given will only be used for governance related matters within DALP and if there is any requirement for my data to be used for another purpose DALP will seek my permission and confirmation prior to my information being shared or published. I understand and accept that Diverse Academies Learning Partnership will retain my information for 3-years from the date of this confirmation, unless I advise otherwise. | | | | |
| https://www.dalp.org.uk/documents/Policies/GDPR.pdf | | | | |
| It is required that you acknowledge that you have read and understand the above regarding the use of your personal information by ticking the box and also signing below to indicate your confirmation. | | | | |
| I have read and understand the purpose for which DALP request and store my personal information | | | | |
| Signed Print: | | | | |