Governor Register of Interest Form

Please complete the form, if you require any assistance in completing this form please contact School Governance on 0161 770 1808 email: gbsupport@oldham.gov.uk

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| **Your details** |
| **Mr/Mrs/Ms/Miss/Rev/Dr/Cllr/Other:** |  |
| **First name(s):** |  |
| **Surname:** |  |
| **Address:** |  |
|  | **Postcode:** |  |
| **Tel No:** (home) |  | **Tel No:**(work) |  |
| **Mobile:** |   | **Webpage:** (if applicable) |  |
| **Email address:** |  |
|  |
| **School interest** |
| **I would be interested in becoming a Governor at the following School (Please tick as appropriate)** |
|  |
| **Primary School** [ ]  **Secondary School** [ ]  **Special School** [ ]  **No Preference** [ ]  |
|  |
| **If you have a preferred choice of School** (Please state which school) |
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| **What is your interest/knowledge of this school?** |
|  |
| **Have you a past or present association with the school? If so what is it?** |
|  |
| **I would be interested in a governor position in a specific geographical area of Oldham e.g. Coldhurst, Shaw, Saddleworth, Failsworth etc. Please specify:** |
|  |
| **I wish to become a Local Authority/Co-opted Governor because:** |
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| **About you** |
| **Are you employed by Oldham Council, a school or are you an Elected Member (Councillor)?** | **Yes** [ ]  **No** [ ]  |
| **If YES, please give the name of the department/school/ward in which you are employed:** |
|  |
| **Are you a member of any organisations, associations or any other professional bodies?** | **Yes** [ ]  **No** [ ]  |
| **If YES, please tell us the names of these organisations** |
|  |
| **Are you already a governor of a school?**  |  **Yes** [ ]  **No** [ ]  |
| **If YES, please state:**  |
| **Name of the school:** |  |
| **Location of the school:** |  |
| **The type of governor you are:** |  |
| **Please state if you have any experience of chairing a meeting or a committee:** |
|  |
| **What are your interests, experience and knowledge of education matters?** |
|  |
| **Personal and Professional Information** |
| **Your application will be skills matched against school vacancies with particular identified skills gaps at the school - please provide as much information as possible:** |
| **Your Occupation:** (Current and/or previous if applicable, please include dates) |
|  |
| **Please give details of any other work or voluntary work with children and young people you may have completed:** (e.g. teaching/social work, sports coaching/health services for young people) |
|  |
| **Please indicate the relevant personal and professional skills along with experience you have which would assist you in the role as a governor, to contribute to the effective governance and success of the school:** |
| **Please tick all that apply** | **✓** |
| **Basic ICT Skills** | [ ]  | **Managing Staff** | [ ]  |
| **Business Skills** | [ ]  | **Performance Management** | [ ]  |
| **Data Analysis & Interpretation** | [ ]  | **Procurement and Purchasing** | [ ]  |
| **Dealing with Legal Matters** | [ ]  | **Professional Leadership** | [ ]  |
| **Faculty Management** | [ ]  | **Project Management** | [ ]  |
| **Financial Planning** | [ ]  | **Question + Challenge Senior Managers** | [ ]  |
| **Knowledge of Local/Regional Education**  | [ ]  | **Understanding Education Policies** | [ ]  |
| **Links with the community** | [ ]  | **Understanding Financial Accounts** | [ ]  |
| **Links with Local Business** | [ ]  | **Understanding Strategic Planning** | [ ]  |
| **Literacy and Numeracy** | [ ]  | **Other**  | [ ]  |
| **Details of any relevant qualifications or training that you have completed:** |
|  |
| **Please tell us:** |
| **Are you able to go into school on a regular basis?** | **Yes** [ ]  **No** [ ]  |
| **Are you prepared to make a commitment to attend at least three full governing body meetings per year?** | **Yes** [ ]  **No** [ ]  |
| **Are you willing to become a member of one or more committees of the governing body?** | **Yes** [ ]  **No** [ ]  |
| **Are you willing to undertake relevant training to meet the role?** | **Yes** [ ]  **No** [ ]  |
| **Are you willing to be part of a team who strategically manages and leads the school?** | **Yes** [ ]  **No** [ ]  |
| **Are you able to look at issues objectively in a confidential manner?** | **Yes** [ ]  **No** [ ]  |
| **Are you able to form effective working relationships?** | **Yes** [ ]  **No** [ ]  |
| **Do you have an understanding of Special Educational Needs and Disability (SEND)?** | **Yes** [ ]  **No** [ ]  |
| **Additional Information** |
| **Any other comments you would like us to consider as part of your register of interest:** |
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| **Declaration** |
| I wish to register an interest in being appointed as a Local Authority/Co-opted Governor as indicated on this form.  |[ ]
| I have read the grounds for disqualification from being a governor. [Section C of the Constitution of governing bodies of maintained schools](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640562/The_constitution_of_governing_bodies_of_maintained_schools_2017.pdf) |[ ]
| **I am not disqualified on any of these grounds**  |[ ]
| I understand and agree that my personal data will be shared with the school that I am a governor at, this is in line with the Education, Skills & Early Years Privacy Notice |[ ]
| **Signed:***(or Type)* |  | **Date:** |  |

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| **Referees contact details** |
| **Referee 1** |
| **Full Name:** |  |
| **Address:** |  |
|  | **Postcode:** |  |
| **Mobile:** |  |
| **Email:** |  |
| **Referee 2** |
| **Full Name:** |  |
| **Address:** |  |
|  | **Postcode:** |  |
| **Mobile:** |  |
| **Email:** |  |
| **Any other comments about contacting referees e.g. best time or method to contact them:** |
|  |

**Endorsement – Local Authority Governors register of interest only**

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| **Local Authority Governor – ENDORSEMENT by manager or supporter** **NB. This can be one of your referees** |
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| **Supporters comments - please add in any additional comments you wish to make:** |
|  |
| **Name:** |  |
| **Signed:** |  | **Date:** |  |
| **Position:** |  |
| **Company:** |  |
| **Email:** |  |
|  |
| **Please ensure that you sign and date the declaration** |
| **Please return this form to:** gbsupport@oldham.gov.uk  |

Updated November 2021