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](mailto: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:** |  | | | |
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| **School interest** | | | | |
| **I would be interested in becoming a Governor at the following School (Please tick as appropriate)** | | | | |
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| **Primary School  Secondary School  Special School  No Preference** | | | | |
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| **If you have a preferred choice of School** (Please state which school) | | | | |
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| **What is your interest/knowledge of this school?** | | | | |
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| **Have you a past or present association with the school? If so what is it?** | | | | |
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| **I would be interested in a governor position in a specific geographical area of Oldham e.g. Coldhurst, Shaw, Saddleworth, Failsworth etc. Please specify:** | | | | |
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| **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:** | | | | | | | |
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| **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** | | | | | | | |
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| **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:** | | | | | | | |
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| **What are your interests, experience and knowledge of education matters?** | | | | | | | |
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| **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) | | | | | | | |
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| **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) | | | | | | | |
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| **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:** | | | | | | | |
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| **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:** | | | |
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**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:** | | | |
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| **Name:** |  | | |
| **Signed:** |  | **Date:** |  |
| **Position:** |  | | |
| **Company:** |  | | |
| **Email:** |  | | |
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| **Please ensure that you sign and date the declaration** | | | |
| **Please return this form to:** [gbsupport@oldham.gov.uk](mailto:gbsupport@oldham.gov.uk) | | | |

Updated November 2021