



## **Governor Registration of Interest Form**

Issue 1

# Governor Registration of Interest Form

Please complete this form if you are interested in becoming a Governor at New Bridge Multi Academy Trust. If you require any assistance in completing this form please contact Wendy Warren on 0161 883 2401

Please tick which Governor type

Local Authority Governor	<input type="checkbox"/>
Co-opted Governor	<input type="checkbox"/>
Local Authority and Co-opted Governor	<input type="checkbox"/>

## Your details

Mr/Mrs/Ms/Miss/Rev/Dr/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 Local Authority/Co-opted Governor at: (Please state which organisation you would be interested in)

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What is your interest/knowledge of the above organisation?

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Have you a past or present association with the school? If so what is it?

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<b>I wish to become a Local Authority/Co-opted Governor because:</b>	

**About you**

<b>Are you employed by Oldham Council, a school or are you an Elected Member (Councillor)?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**If YES, please give the name of the department/school/ward in which you are employed:**

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<b>Are you already a governor of a school?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**If YES, please state:**

<b>Name of the school:</b>	
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<b>Location of the school:</b>	
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<b>The type of governor you are:</b>	
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**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)

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	<input type="checkbox"/>	Managing Staff	<input type="checkbox"/>
Business Skills	<input type="checkbox"/>	Performance Management	<input type="checkbox"/>
Data Analysis & Interpretation	<input type="checkbox"/>	Procurement and Purchasing	<input type="checkbox"/>
Dealing With Legal Matters	<input type="checkbox"/>	Professional Leadership	<input type="checkbox"/>
Faculty Management	<input type="checkbox"/>	Project Management	<input type="checkbox"/>
Financial Planning	<input type="checkbox"/>	Question + Challenge Senior Managers	<input type="checkbox"/>
Knowledge of Local/Regional Education	<input type="checkbox"/>	Understanding Education Policies	<input type="checkbox"/>
Links with the community	<input type="checkbox"/>	Understanding Financial Accounts	<input type="checkbox"/>
Links with Local Business	<input type="checkbox"/>	Understanding Strategic Planning	<input type="checkbox"/>
Literacy and Numeracy	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

**Details of any relevant qualifications or training that you have completed:**

<b>Please tell us:</b>	
Are you able to go into school on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you prepared to make a commitment to attend at least three full governing body meetings per year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to become a member of one or more committees of the Trustees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to undertake relevant training to meet the role?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to be part of a team who strategically manages and leads the school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to look at issues objectively in a confidential manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to form effective working relationships?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an understanding of Special Educational Needs and Disability (SEND)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Additional Information**

**Any other comments you would like us to consider as part of your register of interest:**

Declaration			
I wish to register an interest in being appointed as a Local Authority/Co-opted Governor as indicated on this form.			<input type="checkbox"/>
I have read the grounds for disqualification from being a governor. <a href="http://www.oldham.gov.uk/downloads/file/2717/disqualification_from_school_governing_bodies">http://www.oldham.gov.uk/downloads/file/2717/disqualification_from_school_governing_bodies</a>			<input type="checkbox"/>
I am not disqualified on any of these grounds			<input type="checkbox"/>
<b>Signed:</b>		<b>Date:</b>	

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

## Endorsement – Local Authority Governors register of interest only

Local Authority Governor – ENDORSEMENT by manager or supporter  
NB. This can be one of your referees

I endorse the interest expressed by the above person in their appointment and application to become a Local Authority Representative Governor.

**Supporters comments; please add in any additional comments you wish to make:**

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<b>Name:</b>			
<b>Signed:</b>		<b>Date:</b>	
<b>Position:</b>			
<b>Company:</b>			
<b>Email:</b>			

**Please ensure that you sign and date the declaration**

**Please return this form to:**

**By post:** Wendy Warren  
New Bridge School, Roman Road, Hollinwood, Oldham OL8 3PT

**By email:** [wwarren@newbridgegroup.org](mailto:wwarren@newbridgegroup.org)