



LOCAL GOVERNOR APPLICATION FORM

Title:

First name:

Surname:

Address:
.....

Email Address:

Tel:

Employment status:

Occupation:

Employer name:

EXPERIENCE

How experienced or knowledgeable do you rate yourself in the following areas (**4** being very experienced and **1** being not experienced at all)?

Please note we are not expecting you to be an expert in all these areas, and we are committed to providing appropriate training.

- Education
- Finance/budget monitoring
- National education policy
- Team Work
- Strategic Planning
- Previous governor/board experience
- Stakeholder engagement
- Use of data
- Special Education Needs
- Working with children

Skills

- Communication
- Listening
- Mediating
- Innovation
- Research
- IT Skills
- Analytical

Please use this space to tell us why you would like to become a foundation school governor and what you could bring to the role.

Referees: (If you have governed at another school one referee must be from your last school)

First referee:

Title:

First name:

Surname:

Relationship to you:

Email:

Tel:

Second referee:

Title:

First name:

Surname:

Relationship to you:

Email:

Tel: