



Trustee Application Form

Consent Should I be appointed as a Trustee, I agree to act as a Director: ☐

Personal Details

Title:	Surname:
First Name:	Any Previous Names:
Date of Birth:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Home Address, including postcode (for correspondence):	Work Address: (where appropriate please include organisation name and postcode).
Telephone No:	
Mobile No:	
Email Address:	Occupation:

Current Voluntary Roles

Please identify type of school, i.e. LA, Independent

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Employment History

Please provide details of your employment history (most recent first).

Start date	End date	Occupation	Organisation

Skills self-assessment

Please complete the self-assessment below.

Essential for all governors/trustees	Level of experience/skill: rate on scale of 1 (none) to 5 (extensive)				
Commitment to improving education for all pupils	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Ability to work in a team and take collective responsibility for decisions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Willingness to learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Commitment to the school's vision and ethos	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Basic literacy and numeracy skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Basic IT skills (i.e. word processing and email)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Should exist across the governing body					
Understanding/experience of governance					
Experience of being a board member in another sector or a governor/trustee in another school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Experience of chairing a board/ governing body or committee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Experience of professional leadership	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Vision and strategic planning					
Understanding and experience of strategic planning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Ability to analyse and review complex issues objectively	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Problem solving skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Ability to propose and consider innovative solutions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Change management (e.g. overseeing a merger or an organisational restructure, changing careers)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Understanding of current education policy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Holding the head to account					
Communication skills, including being able to discuss sensitive issues tactfully	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Ability to analyse data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Ability to question and challenge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Experience of project management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Performance management/ appraisal of someone else	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Experience of being performance managed/appraised yourself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Financial oversight					
Financial planning/management (e.g. as part of your job)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Experience of procurement/purchasing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Experience of premises and facilities management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Knowing your school and community					
Links with the community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Links with local businesses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Knowledge of the local/regional economy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Working or volunteering with young people (e.g. teaching/social work/youth work/sports coaching/health services for young people)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Understanding of special educational needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



Reasons for Applying

Please explain why you are applying and what you can bring to the team.



Please provide names and addresses of two referees. These can be business (including your employer if you are in work) or personal. Ideally they will have known you for at least two years.

Referee 1:	Referee 2:
Address: (Include Postcode and Email):	Address: (Include Postcode and Email):

I confirm that I have no criminal convictions and have not been involved in bankruptcy or other such proceedings as detailed in the School Governance (Constitution) (England) Regulations 2003 (schedule 6) that would render me liable for disqualification as a governor (Please see Disqualification Criteria).
I confirm that the above details are correct.

If you have any convictions, please provide details below.

Please note that the criminal convictions prescribed by Regulations 10 of the 2003 Regulations as disqualifying a person from holding office of include convictions that would otherwise be regarded as spent under the Rehabilitation of Offenders Act 1974. By virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975 all convictions must be disclosed.

If you need further guidance please contact: hr@townleygrammar.org.uk

Signed	Date
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Trustee Application Form

Disability

Do you consider yourself to have a disability, as defined in the Disability Discrimination Act 1995?

Yes: ☐ No: ☐

Please give details of any special needs you would require (e.g. wheelchair access)

To help us monitor applications, could you please complete the following section

Ethnic Origin

Please tick one box only, which best describes your ethnic origin:

- | | | | | | |
|--------------|---|--------------------------------|-------------------------------|---|------------------------------------|
| White | <input type="checkbox"/> British | <input type="checkbox"/> Irish | Asian or Asian British | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| | <input type="checkbox"/> Any other White background | | | <input type="checkbox"/> Bangladeshi | |
| | | | | <input type="checkbox"/> Any other Asian background | |
| Mixed | <input type="checkbox"/> White and Black Caribbean | | Black or Black British | <input type="checkbox"/> Caribbean | |
| | <input type="checkbox"/> White and Black African | | | <input type="checkbox"/> African | |
| | <input type="checkbox"/> White and Asian | | | <input type="checkbox"/> Any other Black background | |
| | <input type="checkbox"/> Any other mixed background | | | | |

Other ethnic group: (please specify)

Nationality:

Please state your nationality