TOWNLEY
EST 1937
GRAMMAR SCHOOL

Member & Trustee Application Form

For which role are you applying for

Member: ☐ Trustee: ☐

Personal Details

Title:	Surname:
First Name:	Any Previous Names:
Date of Birth:	Male: ☐ Female: ☐
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

TOWNLEY GRAMMAR SCHOOL

Member & Trustee Application Form

Employment History

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

Start date	End date	Occupation	Organisation

TOWNLEY GRAMMAR SCHOOL

Member & Trustee Application Form

Skills self-assessment

Please complete the self-assesment 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☐ 2☐ 3☐ 4☐ 5☐
Ability to work in a team and take collective responsibility for decisions	1☐ 2☐ 3☐ 4☐ 5☐
Willingness to learn	1☐ 2☐ 3☐ 4☐ 5☐
Commitment to the school's vision and ethos	1☐ 2☐ 3☐ 4☐ 5☐
Basic literacy and numeracy skills	1☐ 2☐ 3☐ 4☐ 5☐
Basic IT skills (i.e. word processing and email)	1☐ 2☐ 3☐ 4☐ 5☐
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☐ 2☐ 3☐ 4☐ 5☐
Experience of chairing a board/ governing body or committee	1☐ 2☐ 3☐ 4☐ 5☐
Experience of professional leadership	1☐ 2☐ 3☐ 4☐ 5☐
Vision and strategic planning	
Understanding and experience of strategic planning	1☐ 2☐ 3☐ 4☐ 5☐
Ability to analyse and review complex issues objectively	1☐ 2☐ 3☐ 4☐ 5☐
Problem solving skills	1☐ 2☐ 3☐ 4☐ 5☐
Ability to propose and consider innovative solutions	1☐ 2☐ 3☐ 4☐ 5☐
Change management (e.g. overseeing a merger or an organisational restructure, changing careers)	1☐ 2☐ 3☐ 4☐ 5☐
Understanding of current education policy	1☐ 2☐ 3☐ 4☐ 5☐
Holding the head to account	
Communication skills, including being able to discuss sensitive issues tactfully	1☐ 2☐ 3☐ 4☐ 5☐
Ability to analyse data	1☐ 2☐ 3☐ 4☐ 5☐
Ability to question and challenge	1☐ 2☐ 3☐ 4☐ 5☐
Experience of project management	1☐ 2☐ 3☐ 4☐ 5☐
Performance management/ appraisal of someone else	1☐ 2☐ 3☐ 4☐ 5☐
Experience of being performance managed/appraised yourself	1☐ 2☐ 3☐ 4☐ 5☐
Financial oversight	
Financial planning/management (e.g. as part of your job)	1☐ 2☐ 3☐ 4☐ 5☐
Experience of procurement/purchasing	1☐ 2☐ 3☐ 4☐ 5☐
Experience of premises and facilities management	1☐ 2☐ 3☐ 4☐ 5☐
Knowing your school and community	
Links with the community	1☐ 2☐ 3☐ 4☐ 5☐
Links with local businesses	1☐ 2☐ 3☐ 4☐ 5☐
Knowledge of the local/regional economy	1☐ 2☐ 3☐ 4☐ 5☐
Working or volunteering with young people (e.g. teaching/social work/youth work/sports coaching/health services for young people)	1☐ 2☐ 3☐ 4☐ 5☐
Understanding of special educational needs	1☐ 2☐ 3☐ 4☐ 5☐

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Reasons for Applying

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

Member & Trustee Application Form

Referees

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):

SELF DECLARATION

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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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 ☐ British ☐ Irish ☐ Any other White background

Mixed ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed background

Asian or Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Any other Asian background

Black or Black British ☐ Caribbean ☐ African ☐ Any other Black background

Other ethnic group: (please specify)

Nationality:

Please state your nationality