

## **Local Authority Governor Application Form**

Personal details		
Surname:		
First names:		
Title:		
Address:		
Contact details:		
Telephone		
E-mail		
Name of school where you would like to be a Governor?		
Are you an Elected Member? (if yes, please state ward).		
Discos list your relevant skills and experience that make you suitable to		
Please list your relevant skills and experience that make you suitable to undertake the role of a school governor.		
<u> </u>		
As an LA Governor, what contribution could you make to securing or		
sustaining improvements in the school?		



## **Local Authority Governor Application Form**

## **Expectations of the role**

As a Governor you are expected to regularly attend Governing Body meetings and training, There will be a statutory requirement to complete some training.

Torfaen County Borough Council wants to improve the opportunities it offers to disabled people to enable them to play a full and active part on governing bodies. Do you consider yourself to be a disabled person? **YES/NO** 

If yes, please give the nature of your disability and any special facilities re	quired.

The Local Authority strongly advises Governing Bodies that it is good practice for all governors to have DBS checks. Do you have a current DBS disclosure for Torfaen County Borough Council? YES / NO

## Please sign the following declaration:

- I would like my application to become a LA Governor to be considered
- I am willing to undertake the Enhanced DBS check needed for the Governor role
- I am willing for the information on my governorship to be made available to interested parties in relation to the purposes outlined below.

The information marked \* will be held and be used only to allow the Council to appoint and provide support to school governors.

I certify that I have read and considered the criteria for the disqualification of governors set out in Appendix A (One) and confirm that I am not disqualified from becoming a governor. I agree to inform the Clerk to Governors, in writing, immediately should I cease to be qualified to serve as a governor.

Signed:	Date:

Please return completed form to andy.rothwell@torfaen.gov.uk