**Governor Application Form**

**Please return this completed application form, along with an up to date CV, to info@astreasheffield.org**

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| Title: {Mr, Mrs, Ms} | First name: | | Surname: |
| Address: | | | |
| Home telephone: | | Mobile: | |
| Email address: | | | |
| How long have you lived in the area? | | | |
| Will you have children at the school? | | | |

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| **What areas of Governance interest you?** | | | |
| Curriculum Development |  | HR Policy and Processes |  |
| Education Policy |  | Finance, Procurement and Purchasing |  |
| Special Education Needs |  | Property and Estate Management |  |
| Safeguarding |  | Change Management |  |
| Behavior & Welfare |  | Project Management |  |
| Student Voice |  | Marketing and Income Generation (Inc. Fundraising) |  |
| Disadvantaged Pupils |  | Health & Safety |  |

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| **What would make you a good and effective school governor? Please give examples for the following:** |
| **Skills** |
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| **Experience** |
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| **Personal Attributes** |
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| **Team Working** |
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If appointed I understand that I will be subject to a Disclosure and Barring Service (DBS) check and I may be required to supply referees.

|  |  |
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| Signature: | Date: |