**St Edmundsbury and Ipswich Academies Umbrella Trust**

**FOUNDATION GOVERNOR APPLICATION FORM**

## PART ONE

To be completed by the nominee - please use block capitals

|  |  |
| --- | --- |
| Surname: |  |
| Title: [Mr, Mrs, Miss, Ms, Revd, etc.] |  |
| ForeNames: |  |
| Known as: |  |
| All Previous Surnames: |  |
| Date of Birth: |  |
| House Name: |  |
| House No and Street: |  |
| District/Village: |  |
| Post Town: |  |
| Postcode: |  |
| Telephone Number: |  |
| Email Address: |  |
| Church Attended  (if applicable): |  |

|  |
| --- |
| **Why would you like to become a governor at a Diocese of St Edmundsbury and Ipswich church school/academy? What can you offer to the governing body?** |
|  |
| **Please describe your contribution to church life:** |
|  |

**PART TWO**

**DECLARATION FORM**

**I declare that I am not disqualified from serving as a school governor and that:**

* **I am** aged 18 or over at the date of this election or appointment;
* **I am not** a bankrupt or subject to a disqualification order under the Company Directors Disqualification Act 1986 or to an order made under section 429(2)(b) of the Insolvency Act 1986;
* **I have not** been removed from the office of a charity trustee or trustee for a charity by an order made by the Charity Commissioners or the High Court on the grounds of any misconduct or mismanagement or, under section 34 of the Charities and Trustee Investment (Scotland) Act 2005, from being concerned in the management or control of any body;
* **I am not** included in the list of teachers or workers considered by the Secretary of State as unsuitable to work with children or young people;
* **I am not** disqualified from being the proprietor of any independent school or from being a teacher or other employee in any school;
* **I am not** disqualified from working with children or from registering for childminding or providing day care;
* **I have not**, at any time, received a prison sentence for a period of four years or more;
* **I have not** been fined, in the five years prior to becoming a governor, for causing a nuisance or disturbance on education premises;
* **I am not** subject to a disqualification order under the Criminal Justice and Court Services Act 2000;
* I understand that I will be required to apply for an enhanced DBS check by the school;
* **I agree to uphold the objects of the St Edmundsbury and Ipswich Academies Umbrella Trust which are to maintain and develop Church of England academies.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART THREE**

To be completed by the Parish Priest or during a vacancy a Church   
Warden and then countersigned by the Archdeacon.

|  |  |
| --- | --- |
| The parish of: |  |

|  |  |
| --- | --- |
| Nominates: |  |

|  |  |
| --- | --- |
| To be a Foundation Governor at: (*Name of School/Academy*) |  |
|  |  |

|  |  |
| --- | --- |
| Nominee to be replaced: |  |

|  |  |
| --- | --- |
| This nomination was/will be ratified by the PCC on: | Date: |

|  |  |
| --- | --- |
| I have confirmed the identity of the above person and declare them suitable to be a Foundation Governor.  As formal evidence of identity I have seen the following document:  Birth certificate / driving licence / passport  (delete as necessary) | Signed:  Date:  Position held: |

|  |  |
| --- | --- |
| During a vacancy.  Countersigned by the Archdeacon | Signed:  Date: |

**PART FOUR**

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| **DATA PRIVACY AND PROTECTION**  The information you provide on this form will be held on a computerised database held by The St Edmundsbury and Ipswich Diocesan Board of Finance. Your data will be used in accordance with current data protection legislation.  We are required to hold your contact details to be able to send you information regarding your role, responsibilities, training and events.  The Diocese of St Edmundsbury and Ipswich uses email to contact Governors to keep them up to date with information to support them in their role with the school/academy.  I have read this document and I am aware that my information will be held as indicated.  **Signature:**  **Date:** |

Please return this form to:

**Education Administrator**

**Governor Appointments**

**St Nicholas Centre**

**4 Cutler Street**

**Ipswich**

**IP1 1UQ**

[**jacqui.studd@cofesuffolk.org**](mailto:jacqui.studd@cofesuffolk.org)