



Symphony Learning
TRUST

Governor Application Form

Application for (tick one)

Parent Governor	<input type="checkbox"/>	Co-opted Governor	<input type="checkbox"/>	Trustee	<input type="checkbox"/>
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School Name:

Title:	Forename(s):
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Surname:

Any other surname(s) used

Any other forename(s) used:

Address:

Post Code:	Daytime Tel:
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Date of Birth:	E-mail (please print):
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Mobile:	
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Personal Statement to support application:



Personal Statement continued:

Do you have a particular skill set? (please tick)

Legal	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Health & Safety	<input type="checkbox"/>
Community Relations	<input type="checkbox"/>	Data Analysis	<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>	Premises Management	<input type="checkbox"/>
Procurement	<input type="checkbox"/>	ICT	<input type="checkbox"/>	PR & Marketing	<input type="checkbox"/>	Teaching	<input type="checkbox"/>
Special Educational Needs	<input type="checkbox"/>	Safeguarding	<input type="checkbox"/>	Quality Assurance	<input type="checkbox"/>	Project Management	<input type="checkbox"/>

Other: please detail below

Signed:		Date:	
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References

Name		
Relationship to Applicant		
Address		
Telephone Number		
Email Address		

Data Protection Act

Personal data supplied on this form may be held on computer systems, both live and test, and will be used in accordance with the Data Protection Act 1998 for statistical analysis, management, planning and in the provision of services by Symphony Learning Trust and its partners. The information will be held in accordance with the Trust's records management and retention policy.

Office Use Only:

Date of Appointment:		Declaration Signed?	
DBS Certificate No.		Dated:	