

**Governor Application Form**

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| Title: |  |  | Surname: |  |
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| Any Previous Names: |  |  | First Names: |  |
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| Home Address (Including postcode): |  | Work Address: *(Where appropriate please include company name and postcode. This is for information only, we will only write to your home address)* |
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|  |  |
| Tel No: |  |  |
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| Mobile No: |  |  | Tel No: |  |
|  |  |  |
| Email Address: |  |  | Email Address: |  |

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| **Occupation:** |  |
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| **Current Governorships***(if applicable)* |  |
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| **Previous Governorships***(if applicable)* |  |

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| **Reasons for Applying***Please outline your reasons for showing an interest in becoming one of the college governors. Include details of personal qualities, experience or skills you feel you could bring to the colleges governing body. Please continue on a separate sheet if necessary.* |
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| **Skills Audit***No individual is going to have all the skills listed below. The Corporation is a team, and the purpose of requesting this information is to ensure that the Corporation comprises a broad mix of expertise.*  |
|  | **Level of experience/skill:** Please rate on scale of1 (none); 2 (Moderate); 3 (extensive) |
| **Essential for all governors/trustees** |  |  |  |
| Commitment to improving education  |  |  |  |
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| Ability to work in a team and take collective responsibility for decisions |  |  |  |
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| Willingness to learn |  |  |  |
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| Commitment to the College’s vision and ethos |  |  |  |
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| Basic literacy and numeracy skills |  |  |  |
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| Basic IT skills (i.e. word processing and email) |  |  |  |
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| **Should exist across the governing body** |  |  |  |
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| **Understanding/experience of governance** |  |  |  |
| Experience of being a board member in another sector or a governor/trustee in another College |  |  |  |
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| Experience of chairing a board/ governing body or committee |  |  |  |
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| Experience of professional leadership |  |  |  |
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| **Vision and strategic planning** |  |  |  |
| Understanding and experience of strategic planning |  |  |  |
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| Ability to analyse and review complex issues objectively |  |  |  |
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| Problem solving skills |  |  |  |
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| Ability to propose and consider innovative solutions |  |  |  |
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| Change management (e.g. overseeing a merger or an organisational restructure, changing careers) |  |  |  |
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| Understanding of current education policy |  |  |  |
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| **Holding the Management to account** |  |  |  |
| Communication skills, including being able to discuss sensitive issues tactfully |  |  |  |

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| Ability to analyse data |  |  |  |
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| Ability to question and challenge |  |  |  |
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| Experience of project management |  |  |  |
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| Performance management/ appraisal of someone else |  |  |  |
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| Experience of being performance managed/appraised yourself |  |  |  |
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| **Financial oversight** |  |  |  |
| Financial planning/management ( e.g. as part of your job) |  |  |  |
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| Experience of procurement/purchasing |  |  |  |
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| Experience of premises and facilities management |  |  |  |
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| **Knowing your College and community** |  |  |  |
| Links with the community |  |  |  |
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| Links with local businesses |  |  |  |
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| Knowledge of the local/regional economy |  |  |  |
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| Working or volunteering with young people (e.g. teaching/social work/youth work/sports coaching/health services for young people) |  |  |  |
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| Understanding of special educational needs |  |  |  |

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| **Referees***Please provide names and addresses of two referees. These can be business (including your employer if you are in work) or personal, and ideally have known you at least 2 years* |
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| **Referee 1** |  |  | **Referee 2** |  |
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| **Address:** *(Include Postcode and Email if known)* |  | **Address:** *(Include Postcode and Email if known)* |
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| **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 College 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. |
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| **Signed:** |  |  | **Date:** |  |
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| Please note that the criminal convictions prescribed by Regulations 10 of the 2003 Regulations as disqualifying a person from holding office of governor 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: Jayne Chaplin, E: jchaplin@hrc.ac.uk Mob: 07904105136 |
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| **Completed forms should be returned to:**Jayne ChaplinHertford Regional CollegeWare CampusLondon RoadWareHertsSG12 9JF |



**EQUALITY AND DIVERSITY MONITORING**

Please **CIRCLE** or **HIGHLIGHT** the option that relates closest to you or insert the relevant information, the data will be used for statistical and reporting purposes only, no names will be put against any of the statistics.

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| **Personal Details:** |
| **Name** |  |
| **Date of Birth** |  |
| **Marital Status:** |
| MarriedDivorcedSingleWidowedCo-habitingPrefer not to say |
| **Gender:** |
| MaleFemaleTransgenderPrefer not to say |
| **Sexual Orientation:** |
| HeterosexualLesbian or GayBisexualPrefer not to say |
| **Ethnic Origin:** |
| Arab Asian or Asian British – Indian Asian or Asian British – Pakistani Asian or Asian British – Bangladeshi Asian or Asian British – any other Asian background Black or Black British – Caribbean Black or Black British – African Black or Black British – any other Black background Chinese Mixed – White and Black Caribbean Mixed – White and Black African Mixed – White and Asian Mixed – Any other mixed background White – British White – IrishWhite – any other White background Any other ethnic origin group, please specify………………………………..Prefer not to say |

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| **Religion:** |
| ChristianMuslimJewishBuddhistHinduSikhNonePrefer not to say |
| **Disability:** |
| Do you consider yourself to have a disability under the Equality Act 2010?In the Act, a person has a disability if: * they have a physical or mental impairment
* the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

Yes [ ]  No [ ]  Prefer not to say [ ] Please describe the nature of your disability: |
| **Signature**………………………………………. | **Date**………………………………………… |

Please return the completed form to the company Clerk, Jayne Chaplin by email jchaplin@hrc.ac.uk or by post to the below address;

Hertford Regional College

Ware Campus

London Road

Ware

Herts

SG12 9JF

The College holds all personal information in accordance with the General Data Protection Regulation (2018). Your personal details will be kept strictly private and confidential.