

Declaration of Eligibility and Identity for Members, Directors and Governors

PLEASE WRITE CLEARLY AND USE BLOCK CAPITALS

PLEASE COMPLETE ALL SECTIONS

Title: _____ First Name: _____ Last Name: _____

Former Name(s): _____
(all previous names essential)

Date of Birth: ___/___/___ Tel:(Home) _____ (Mobile) _____

Address: _____

Postcode: _____

School/Body: _____

A governor must be aged 18 or over at the time of their election or appointment and cannot be a registered pupil at the school.

- 1. A person is disqualified from holding or from continuing to hold office as a governor or associate member if he or she:**
 - fails to attend the governing body meetings – without the consent of the governing body – for a continuous period of six months, beginning with the date of the first meeting missed (not applicable to ex officio governors);
 - is subject to a bankruptcy restriction order, an interim bankruptcy restriction order, a debt relief order or an interim debt relief order;
 - has had his or her estate sequestrated and the sequestration order has not been discharged, annulled or reduced;
 - is subject to:
 - i) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986
 - ii) a disqualification order under Part 2 of the Companies (Northern Ireland) Order 1989
 - iii) a disqualification undertaking accepted under the Company Directors Disqualification (Northern Ireland) Order 2002
 - iii) an order made under Section 492(2)(b) of the Insolvency Act 1986 (failure to pay under a County Court administration order);
 - has been removed from the office of charity trustee or trustee for a charity by the Charity Commissioners or High Court on grounds of any misconduct or mismanagement, or under Section 34 of the Charities and Trustees Investment (Scotland) Act 2005 from participating in the management or control of any body;
 - is included in the list of people considered by the Secretary of State as unsuitable to work with children;
 - is disqualified from working with children or subject to a direction under Section 142 of the Education Act 2002;
 - is disqualified from registration for childminding or providing day care;

- is disqualified from registration under Part 3 of the Childcare Act 2006;
- has received a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months (without the option of a fine) in the 5 years before becoming a governor or since becoming a governor;
- has received a prison sentence of two-and-a-half years or more in the 20 years before becoming a governor;
- has at any time received a prison sentence of five years or more;
- has been fined for causing a nuisance or disturbance on school premises during the five years prior to or since appointment or election as a governor;
- refuses to allow an application to the Disclosure & Barring Service for a criminal records certificate.

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2. Where the school/academy provides for children under the age of 8 years (which includes after-school clubs) a person is also disqualified from holding or continuing to hold the office of governor or associate member if *he or she or anyone in their household (including family, lodgers, house-sharers and household employees) has been cautioned, reprimanded, given a warning for, or convicted of:*

- any offence against or involving a child (i.e. a person under the age of 18)
- any violent or sexual offence against an adult
- any offence under the Sexual Offences Act
- any similar offence in another country

I have read the above regulations regarding the qualifications and disqualifications and declare that I am not disqualified from serving as a school governor. I understand that my application to be a governor is subject to checks.

I provide two forms of identity to support this declaration. (one photographic, one address)

Signature: _____ Date: _____
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I, **Trust Administration and Governance Manager/Headteacher** (please delete as appropriate), have seen two forms of identity (one photographic, one address) and I can confirm the identity of the person named above.
 (NB: This form may be countersigned by persons holding the named roles only)

PLEASE WRITE CLEARLY AND USE BLOCK CAPITALS	please delete
Name: _____ Position: _____ (TAGM/Headteacher)	
Signature: _____ Date: _____	

This form will be filed for future reference. A DBS check is required for all members, directors and governors.