



**SOUTH EASTERN EDUCATION AND LIBRARY BOARD**

**School Governor Application Form  
2009 – 2013**

*Completion of this form puts you under no obligation to become a Board Representative if offered the opportunity nor does it guarantee that any opportunity will be offered. (Please tick where appropriate).*

**\*Please write clearly using black ink**

**1. PERSONAL DETAILS (Please Print)**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation/Previous Occupation if retired or currently not working  
\_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**2. OTHER INFORMATION**

How did you find out about becoming a school governor? e.g. Advertisement, local press, by a friend etc.  
\_\_\_\_\_

Are you currently, or have ever been, a member of a school Board of Governors? Yes \_\_\_ No \_\_\_

If 'Yes' please give details:

<b>Name of School</b>	<b>Start Date</b>	<b>End Date</b>
_____	_____	_____
_____	_____	_____

**Area(s) in which you are interested: (Please number in order of preference)**

Castlereagh \_\_\_ North Down \_\_\_ Ards \_\_\_ Down \_\_\_ Lisburn \_\_\_

**Type of school(s) in which you are interested: (Please number in order of preference)**

Nursery \_\_\_ Primary \_\_\_ Secondary \_\_\_ Grammar \_\_\_ Special \_\_\_

**Management type : (Please number in order of preference)**

No Preference \_\_\_\_\_ Controlled Schools \_\_\_\_\_ Maintained Schools \_\_\_\_\_

Integrated Schools \_\_\_\_\_ Irish Medium Schools \_\_\_\_\_

**3. PREFERRED SCHOOL(S)**

*It will not always be possible to allocate representatives to preferred schools but if you have a particular interest in a specific school(s) we will try to take this into consideration. If this is the case please complete this section in order of preference:*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you currently teaching in any of the above schools? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever taught in any of the above schools? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes', please state name of school(s), dates employed:

School: \_\_\_\_\_ Date employed: \_\_\_\_\_

School: \_\_\_\_\_ Date employed: \_\_\_\_\_

Will you have children attending school in September 2009? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes', please state name of school : \_\_\_\_\_

**4. EXPERIENCE**

Please give your reasons for wanting to be a Governor, listing work and other experiences which you believe would be beneficial to a school

i. General: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ii. Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

iii. Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please select your 2/3 strongest skills (tick the appropriate boxes)

Financial Management	<input type="checkbox"/>	Accountancy	<input type="checkbox"/>
Law	<input type="checkbox"/>	HR/Personnel Management	<input type="checkbox"/>
Recruitment	<input type="checkbox"/>	Business Management	<input type="checkbox"/>
Education	<input type="checkbox"/>		

Other (Please state) \_\_\_\_\_

5. Referees: 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Disqualification from Membership**

*You are not permitted to serve as a member of a Board of Governors if:*

- *You are employed by the school (except as the Principal or elected teacher representative);*
- *Within the last 5 years you have been convicted by a court in N Ireland or elsewhere in the British Isles of any offence that has resulted in a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months without the option of a fine;*
- *You have been adjudged bankrupt or have made a composition or arrangement with your creditors.*

**Your signature on this form is deemed to be confirmation that none of the above disqualifications apply to you.**

**As outlined in the Department of Education’s Circular 2006/25, as from 1 January 2007 a pre-employment check should be carried out through AccessNI prior to the appointment of any new governor. Your signature on this form will be deemed to be authorisation by you to allow the Board to undertake a criminal background check.**

***Data Protection Statement:***

The information on this form is required by the Board for the purpose of processing your Application Form. The provisions of the Data Protection Act 1998 cover the information.

***Your signature to the form is deemed to be authorisation by you to allow the Board to process and retain the information for the purpose stated.***

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return completed form to:  
Mrs W Croskery, Human Resources, SEELB, Grahamsbridge Road, Dundonald, BT16 2HS**