|  |
| --- |
| **G:\My Drive\Copy of school logo.jpgTarka Learning Partnership****APPLICATION FOR APPOINTMENT****AS A REPRESENTATIVE** |

****

1. **Personal Details**

|  |
| --- |
| Surname  |
| Forenames  |
| Previous/other names  |
| Current address | Email:  |
|   | Mobile:  |
|  | Home Tel: |
| Postcode  |  |
|  Current Role (If applicable) |  |
|  Relevant experience -  employment or voluntary |  |

1. **Why are you applying to be a Representative of the Academy Trust?**

**(For Representatives this statement will be used if there is a requirement for a ballot)**

# Criteria to be used when considering your application to become a Representative.

* A commitment to supporting the Trust’s vision and raising standards of achievement.
* Ability and willingness to work constructively as part of a team in the best interest of all schools.
* Ability to contribute needed skills and expertise as identified through a skills audit.
* A willingness to fulfil the role of Representative with energy and enthusiasm and a commitment to preparing for and attending representative meetings on a regular basis.
* Undergoing all necessary background checks (for example, an Enhanced DBS check).
* A commitment to promoting and supporting equality of opportunities in line with the Trust’s Equalities Policy.
* A willingness to attend further training as required.
* An undertaking not to behave in any way that would have cause to bring the Trust or its schools into disrepute.
1. **Declarations\***

|  |
| --- |
| I have read the above criteria and I agree to abide by them if I should be appointed as a Representative. Furthermore, I certify that the information given in this application is true and accurate and I have disclosed any and all information that may have a bearing on my appointment. I understand that any appointment is subject to an Enhanced DBS Check and further due diligence, including references, may be required. |
| **Signed:** |  | **Date:** |  |

|  |
| --- |
| **Data Protection Act**: This information is being collected for the purposes of the recruitment and selection procedures. When you complete this document you are providing your consent for the Trust to hold and use personal information for these purposes. The information you provide may also be disclosed to relevant statutory bodies for their purposes. If you have a query or concern regarding this, please contact the Trust in the first instance. The Trust considers every application regardless of gender, age, disability, sexual orientation, race, religion and belief. The data within this form will be used by the Trust to determine your eligibility for the role of representative and whether you can bring knowledge, skills or experience which has been identified as a need within the Trust. If we have no suitable vacancies at present, we will retain your application for six months. |

|  |
| --- |
| **REPRESENTATIVE DECLARATION FORM** |

|  |
| --- |
| Surname |
| Forenames |
| Previous/other names |

|  |  |
| --- | --- |
| Is there any reason that you should be disqualified as a Representative? |  Yes / No |
| If Yes, please give details. |
|  |

**Please see the link below for guidance.**

[**https://www.gov.uk/guidance/automatic-disqualification-rules-for-charity-trustees-and-charity-senior-positions**](https://www.gov.uk/guidance/automatic-disqualification-rules-for-charity-trustees-and-charity-senior-positions)

|  |  |
| --- | --- |
| Are you currently a serving Representative at another school or Trust? **Please note if you are a member of the Trust’s Academy/School Community Board, you are not permitted to make an application for a TLP Trustee.** |  Yes / No |
| If Yes, please give details of your role and the name, area and phase of the education. |
|  |

|  |  |
| --- | --- |
| Do you have any close personal relationships with any pupil, employee or Trustee of the Trust? |  Yes / No |
| If Yes, please give details. |
|  |

|  |  |
| --- | --- |
| Does a company you are a director or owner of have a contractual relationship with the Trust? |  Yes / No |
| If Yes, please give details of your role and the name company, with an overview of the service provided |
|  |

|  |
| --- |
| **Have you been a school governor/representative, Member or charity Trustee before?** |
| School governor/representative | [ ]  | Member | [ ]  | Charity Trustee | [ ]  | None of these | [ ]  |
| **If you have ticked any of the boxes above, please give the name of the school, academy or charity** |
|  |
| **Do you have children of school age?** (You may be eligible to be a parent representative) | Yes | [ ]  | No | [ ]  |
| **Please give the name(s) of the school(s) they attend** |
|  |

I declare that I am not disqualified from serving as a school Trustee for any of the reasons that would disqualify a person from serving on the Academy/School Community Board:

1. Their estate has been sequestrated and the sequestration has not been discharged, or that person is subject to a bankruptcy restrictions order.
2. They are subject to a disqualification order under the Company Trustees’ Disqualification Act 1986, or to an order made under the Insolvency Act 1986.
3. By order of the Charity Commission that person has been removed from the office of charity Trustee on the grounds of misconduct or mismanagement in the administration of the charity for which they were responsible or to which maladministration her/his conduct contributed.
4. They are included in the list kept by the Secretary of State under Section One of the Protection of Children Act.
5. That person is disqualified from working with children in accordance with Section 35 of the Criminal Justice and Court Services Act 2000
6. That person is barred from regulated activity relating to children within the meaning of the Safeguarding of Vulnerable Groups Act 2006.
7. A direction has been made against her/him under section 142 of the Education Act 2002 or is subject to a prohibition order which takes effect as if contained in this direction.
8. They have at any time, been convicted of any criminal offence excluding any that have been spent under the Rehabilitation of Offenders Act 1974 as amended, and excluding any offence for which the maximum sentence is a fine or a lesser sentence except where a person has been convicted of an offence which falls under the Charities Act 1993, section 72.
9. They do not provide the Chair of the SCB with a criminal records certificate at an enhanced disclosure level. In the event that the certificate discloses information which in the opinion of the Chair or the Head Teacher confirms their unsuitability to work with children that person shall be disqualified.
10. In exceptional circumstances there is clear evidence of a serious breach of the Representative’s Code of Conduct.

I declare that I am 18 or over at the date of this election or appointment.

I agree to provide proof of identity to the school in the form of an original passport, driving licence or birth certificate from which a copy will be taken for our records.

|  |
| --- |
| I have read the above statements and certify that the declarations given are true and accurate and I have disclosed any and all information that may have a bearing on my appointment. I understand that any appointment is subject to an Enhanced DBS Check and further due diligence may be required. |
| **Signed**: | **Date**: |

|  |
| --- |
|  **Safer recruitment and eligibility to serve as a representative**  |
| **As part of your application to become a representative, you need to provide details of two referees. These can either be business or personal references from someone who has known you for at least two years. Please provide at least one method of contact for each referee.** |
| **REFEREE 1** |
| **Name** |  | **Relationship to you** |  |
| **Email** |  | **Telephone number** |  |
| **Contact address including postcode** |  |
| **REFEREE 2** |
| **Name** |  | **Relationship to you** |  |
| **Email** |  | **Telephone number** |  |
| **Contact address including postcode** |  |

****

**EXPERIENCE AND SKILLS AUDIT**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Trust wants to ensure that there is the right blend of expertise and experience for the Academy/School Community Board to work effectively. The experience and skills audit is designed to inform the Trustee and school’s recruitment decisions by identifying which areas of expertise you might bring to the organisation. You do not need to demonstrate competency in each area.**

Please look at the skills areas below and tell us about any experience or knowledge you have in those areas, any relevant qualifications and the length of any experience. Finally, please score yourself against each skills area based on the following scores: 5 – very experienced; 4 – experienced; 3 – reasonably experienced; 2 – limited experience; 1 – very limited experience; 0 – no experience. You should give a score for each row.

| **SKILL AREA** | **WHAT?** | **HOW?** | **WHEN?** |  |
| --- | --- | --- | --- | --- |
| ***Give an indication of your experience or knowledge in this area.*** | ***Give details of any relevant posts held or qualifications achieved.*** | ***Give the length of recent or current experience in the area.*** | **Score** |
| Chairing of groups or meetings |  |  |  |  |
| Communities in the local area |  |  |  |  |
| Curriculum design and assessment |  |  |  |  |
| Education in schools |  |  |  |  |
| Equality and diversity |  |  |  |  |
| Fundraising |  |  |  |  |
| Health and safety |  |  |  |  |
| Leadership |  |  |  |  |
| Performance management and appraisal |  |  |  |  |
| Safeguarding |  |  |  |  |
| School governance |  |  |  |  |
| Social issues in the area |  |  |  |  |
| Special educational needs |  |  |  |  |
| Strategic planning |  |  |  |  |
| Young people’s welfare and health |  |  |  |  |