

Leeds College of Building

Governor Details

Name

Address

.....

.....

Date of birth

Home Telephone Number:.....

Business Telephone Number:.....

Mobile No:

Email Address:.....

Professional/academic qualifications

Qualification & awarding Body	Date

Please continue on a separate sheet if necessary

Career History

Organisation	Position held & responsibilities	Dates

Membership of voluntary/community organisations

Organisation	Capacity	Dates

Additional Information:

Please continue on a separate sheet if necessary