

CONFIDENTIAL

GOVERNOR APPLICATION FORM

Leeds College of Building North Street, Leeds LS2 7QT

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1. PERSONAL DETAILS										
Title Mr] Mrs	☐ Miss ☐	Ms 🗌							
Surname Forenames										
Address for Correspondence:										
Post Code:										
Home Tel No.			Mobile No.							
Work Tel			Email Address							
2. GOVERNOR EXPERIENCE										
Are you currently or h	nave you pr	eviously been a scho	ol or college Governor?	Yes No No						
If yes please state experience:										
3. QUALIFICATIONS (please state highest / most relevant)										
Name of School, College, University etc. Qualification/Level			Subject	Grade						
· · · · · · · · · · · · · · · · · · ·										
4. PRESENT OR MOST RECENT EMPLOYMENT										
Job Title:			Date Appointed:							
Employer:			Date Left (if applicable):							
Address:										

5. SUPPORTING INFORM	MATION & SKILLS							
5a) Why would you like to become a governor at Leeds College of Building (maximum of 200 words)?								
Please indicate whether you fee	el vou have extensive, mode	erate, basic or no skills, knowledge o	r experience against the					
following headings):		orano, baoro er mo eramo, rano medige e	. onpononos agames uno					
Generic Skills, Knowledge	Extensive / moderate /	Specialist Knowledge	Extensive /					
and Experience	basic / None	'	moderate / basic /					
•			None					
Governance		College Improvement						
Strategic Planning		Financial Management						
Self Evaluation		Audit						
Data Analysis		Ofsted						
Staff Recruitment		Premises/facility management						
Performance Management		Human Resources						
Community Relations		Law						
Chairing meetings		ICT						
Leadership		PR and Marketing						
Coaching/Mentoring		Children's Services						
Negotiating/mediating		Safeguarding						
Communication		Health services						
Complaints/grievance/appeals		Project management						
Decision making		Health and Safety						
Challenging procedures		Construction						
Monitoring decisions /		English and Maths						
outcomes / performance								
Commercial		Procurement / purchasing						
5b) Why do you think your skills	and experience will make	ou an effective College Governor (n	naximum 100 words)?					

6. REFERENCE										
Name:		Organisation:								
Address:		Email Address:								
		Tel. No:								
		1								
7. ADJUSTMENTS										
Are there any adjustments that need to be made for the purpose of:										
a) The Governor Ro	ple									
b) The interview										
8. CRIMINAL R	ECORD CHECK									
HAVING A CRIMINAL RECORD WILL NOT NECESSARILY PREVENT YOU FROM BEING A GOVERNOR AT LEEDS COLLEGE OF BUILDING.										
2(a) Do you have any cautions (including any final warnings or reprimands) or convictions										
	ected" as defined by the Except	ions Order 197	75* to the Rehabilit	tation of	Yes No					
Offenders Act 1974										
	2(b) Are there any other matters that may be relevant to your suitability to be a Governor at the College (There is no obligation to disclose a protected caution or conviction as defined by the Yes No									
	o obligation to disclose a protect 975* or any circumstances anci									
	2013 Exceptions Order	mary to triat pr	otected caution of	CONVICTION						
710 dinondod by the	2010 Exceptions 0140									
If either answer is	yes, please give the details b	elow:								
Date	Nature Of Summons/ Charg	ge/ Caution	Court		Sentence or Order					
	Tratare or Cammone, Charg	jor Caanon	Joans							
9. DECLARATION & SUBMISSION										
Leeds College of Building is committed to safeguarding and promoting the welfare of children, young people and										
vulnerable adults and expects all governors, staff and volunteers to share this commitment. Signature of this application										
form indicates that you can comply with the requirements of being a Governor at Leeds College of Building. You also										
certify that the information that you have given on this application form is accurate and you understand that any false information may result in you not being eligible to be a Governor at Leeds College of Building. Submission of this form by										
e-mail constitutes certification of accurate information.										
Signature:		Date:								
	ation forms should be returne				y post to the					
Director of Governance, Leeds College of Building, North Street, Leeds LS2 7QT										

Data Protection: Please note that the details you provide on this application form will be entered onto the College computer system. Information provided is subject to the Data Protection Act 2018. If you are successful in your Governor application, you will need to undertake a check by the Disclosure & Barring Service (DBS)



TO BE COMPLETED AT APPOINTMENT & INDUCTION STAGE

Surname	Forenames														
EQUALITY & DIVERSITY															
The Leeds College of Building is an Equality and Diversity Employer. It has an Equality and Diversity policy which means that all Governor applicants with the College will receive equal treatment irrespective of their age, gender, marital status, disability, sexuality or race. A copy of the policy can be obtained by contacting the College HR Unit or can be downloaded from the College website. To ensure the effectiveness of the policy and to assist in its development, you are requested, to complete the section below which will be treated as confidential.															
Please tick where appropriate.															
(a) Gender:	Male		Female				(b) DATE OF BIRTH:								
(c) Age Range:		16-19) [:	20-29		30	-39		40-	49		50-59	Ш_	60+	· <u> </u>
(d) How would you describe your ethnic origin? Bangladeshi Indian Black African Pakistani Black Caribbean Other Asian Black Other White British Chinese White Irish Other White Any other b					ackgro	Mixed White & Asian Mixed White & Black African Mixed White & Black Caribbean Mixed — other Prefer not to say kground									
(e) What is your religion/belief? Baha'i Buddhism Christianity No Religion or belief Hinduism Islam (Muslim) Jainism Judaism Rastafarianism Sikhism Zoroastrians (Parsi) Prefer not to say Other															
(f) What is your sexual orientation? Bisexual Gay man Gay woman/lesbian Heterosexual/straight Other Prefer not to say															
 (g) The Equality Act 2010 defines a disabled person as one who has a physical or mental impairment which has a substantial and long term adverse effect on his/her abilities to carry out normal day to day activities. Do you have a disability: YES (if yes, please complete (h) overleaf NO (h) Do you have any health problems and/or need additional facilities to help you in the role of Governor? If so, please indicate below: I may need help because of: 															
Dyslexia	neib be	Causi	Mental Health	า			П	Н	eart Disea	ase					
Dyscalculia			Disability affecting Mobility			y		Blind/ Visual Impairment – not corrected by glasses					∍d		
Autism			Deaf/Hearing Impairment					Ability to lift, carry move everyday objects							
ADHD/ ADD			Diabetes					Other (please state)							
Speech			Epilepsy												\sqcup
By ticking this box I am consenting to the information relating to my disability or learning difficulty to be disclosed to the appropriate individuals within the College to ensure that reasonable arrangements are in place to meet my specific needs.															