



GOVERNOR APPLICATION FORM

CONFIDENTIAL

Worcester Sixth Form College
 Spetchley Road, Worcester WR5 2LU
 Email: enquiries@wsfc.ac.uk Website: www.wsfc.ac.uk

Please complete all relevant sections of the form in black ink or type.

PERSONAL DETAILS	
Surname:	Previous Surname:
First Name(s):	Mr/Mrs/Miss/Ms/Other:
Home Address:	Address for correspondence (if different to home address):
Postcode:	Postcode:
Tel. No. (Home):	Tel. No. (Work/other):
Mobile:	Email:

PRESENT/MOST RECENT POST (delete as applicable)
Name and Address of present or most recent employer:
Title of post:
Main duties and responsibilities:

EXPERIENCE (Please indicate where you have relevant qualifications &/or experience ✓)					
Management		Personnel issues		Public Body sector	
Strategic planning & monitoring		Architectural, estates/property issues		Private sector businesses	
Quality Assurance		Work with 16-19 yr olds		Community issues	
Financial issues		Voluntary sector		Equal Opportunities	
Legal issues		Health & Safety		Science/Technology	

EDUCATION AND QUALIFICATIONS

Please give details of your secondary, higher, post-graduate and professional education.

School/College/ University	From	To	Subjects studied	Grade obtained	Date awarded

MEMBERSHIP OF PROFESSIONAL/OCCUPATIONAL BODIES

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LETTER OF APPLICATION

You should include a short statement * or letter in support of your application for the role. Give details of reasons for your application including experience, training and expertise and how these are particularly suited to the needs of the role.

REFERENCES

Please provide the name and contact details (postal/email address and contact number) of two individuals who would be willing to provide a reference in support of your application:

Contact 1

Name: _____

Address: _____

Email: _____

Contact number: _____

Contact 2

Name: _____

Address: _____

Email: _____

Contact number: _____

DECLARATION

I declare that the information given in this application and in all other supporting papers is correct to the best of my knowledge. I understand that any false declaration or misleading statement or any significant omission may disqualify me from consideration for the role of governor.

I agree to Worcester Sixth Form College processing personal data contained in this form, in compliance with the Data Protection Act 1998, for statistical, monitoring and funding purposes and providing data to College agents to support pension and payroll provisions.

I declare that my name is not on List 99, I am not disqualified from work with children or subject to sanctions imposed by a regulatory body eg the General Teaching Council.

I declare that I am eligible to become a governor at the College.

Signature: _____

Date: _____

Electronic submission of this form indicates your agreement to this declaration and the successful candidate will be required to sign and date the form on appointment.

EQUAL OPPORTUNITIES MONITORING

Please assist us by completing the attached sheet which will be removed from your application when it is received.

***Statement in support of Application**

Signature:

Date:

WORCESTER SIXTH FORM COLLEGE

Equal Opportunities Monitoring

Worcester Sixth Form College operates a policy which aims to ensure that unfair discrimination does not take place in recruitment. In order to help the College monitor the effectiveness of this policy (and for no other reason), you are asked to provide the information requested below.

This information is confidential and does not form part of your application. This sheet will be removed from your application when it is received, and the information will not be taken into account when making the appointment.

Please tick the appropriate boxes

1 Gender: Male ☐ Female ☐

2 Do you consider yourself to have a disability as defined in the Equality Act 2010? Please note that a disability is defined as 'a physical or mental impairment which has a substantial or long term adverse effect upon your ability to carry out normal day to day activities'.
Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes ☐ No ☐

If Yes, please give details of any reasonable adjustments that you would like the College to consider:

3 Age Group:

Up to 25 years old	<input type="checkbox"/>	46-55 years old	<input type="checkbox"/>
26-35 years old	<input type="checkbox"/>	56-65 years old	<input type="checkbox"/>
36-45 years old	<input type="checkbox"/>	66-75 years old	<input type="checkbox"/>

4 Nationality:

5 Please indicate what your ethnic group is:

White

British ☐
Irish ☐
Other White ☐

Asian or Asian British

Indian ☐
Pakistani ☐
Bangladeshi ☐
Any other Asian background ☐

Mixed

White and Black Caribbean ☐
White and Black African ☐
White and Asian ☐
Any other mixed background ☐

Black or Black British

Black Caribbean ☐
Black African ☐
Any other Black background ☐

Chinese or Other Ethnic Group

Chinese ☐
Other Ethnic Group ☐

6 Where did you hear about this vacancy?

7 Post applied for:

Date:

Thank you for your co-operation.