



Local Authority Governor Application Form

If you are interested in becoming a Local Authority Governor please register your interest by completing this form

Section A

Title		Daytime Telephone	
First Name		Evening Telephone	
Surname		Mobile Number	
Address		Email Address	
Address			
Town			
Postcode			

Section B

Why do you want to be a school governor and what special skills will you bring to the role? For example - do you have any experience in school improvement, finance, human resources, health and safety or safeguarding?

SIGNATURE:

DATE:

Please return the completed application form to the School Office