

## **GOVERNORS FOR THE CASTLE SCHOOL**

Whilst the Directors of The Castle Partnership Trust are not actively recruiting Governors at the moment, you are welcome to complete and return the application form below to express your interest. The Clerk will keep your application on file to revisit when the Trust is in a position to appoint additional Governors.

As a Governor, you would work as part of a team (the Local Governing Body) in partnership with school staff. Governors provide focused governance by acting as a 'critical friend' and providing challenge where appropriate. The usual term of office for our Governors is 4 years.

The main requirements of an effective Governor are a genuine interest in education, some available time and a willingness to be a good team member. A lack of knowledge of how schools work should not be seen as an obstacle to becoming a Governor; the Headteacher and school staff are educational experts.

What Governors bring to the school are their life experiences and understanding from their very different perspectives. Governors make a very important contribution to robust decision making in the Trust and asking questions to ensure full understanding is an important part of the process.

While it is possible to be a Governor and commit a little time to the work, being an effective Governor does take time; for meetings, to get to know the school well and to develop knowledge and understanding of the work of the Local Governing Body and the school. A fair estimate of a Governor's time commitment at The Castle School would be 6-8 hours per term. Most of this time would be in the evening when meetings are usually held. As with many other aspects of life, the more you put in the more you get out!

If you are interested in becoming a Governor, please complete and return the attached form to Julie Gregory, Clerk to the Governors at The Castle School or by email [office@castle.somerset.sch.uk](mailto:office@castle.somerset.sch.uk)

# Governor Application Form

Title	First Name	Surname	
Address		Email	
		Telephone Number	
Occupation (please tick <input type="checkbox"/> if retired or not currently working and indicate your previous occupation)			
Are you currently employed by the school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have children at the school or due to join the school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'Yes', please give details of their age/year group:			
Name	Age	Year Group	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Are you currently, or have you ever been, a Governor or Director of a school or academy trust? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'Yes', please give details:			
Name & address of school	Start Date	End Date	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Why would you like to become a Governor at The Castle School?

Relevant Experience/Skills *(please tick all that apply)*

- |                              |                          |                            |                          |
|------------------------------|--------------------------|----------------------------|--------------------------|
| Finance                      | <input type="checkbox"/> | Risk Assessment            | <input type="checkbox"/> |
| Health                       | <input type="checkbox"/> | Project Management         | <input type="checkbox"/> |
| Strategic Planning           | <input type="checkbox"/> | HR or Personnel Management | <input type="checkbox"/> |
| Recruitment                  | <input type="checkbox"/> | Premises Management        | <input type="checkbox"/> |
| Marketing                    | <input type="checkbox"/> | Accountancy                | <input type="checkbox"/> |
| Law                          | <input type="checkbox"/> | Business Management        | <input type="checkbox"/> |
| Education                    | <input type="checkbox"/> | Community                  | <input type="checkbox"/> |
| IT                           | <input type="checkbox"/> | Health & Safety            | <input type="checkbox"/> |
| Other (please specify below) | <input type="checkbox"/> |                            |                          |

Potential Conflicts of Interest

Please give details of any companies/charities for which you are sole proprietor, partner, director or trustee.

Signed

Date