



<p><b>Data Protection Act</b></p> <p>Personal data supplied on this form may be held on computer systems, both live and test, and will be used in accordance with the Data Protection Act 1998 for statistical analysis, management, planning and in the provision of services by the County Council and its partners. The information will be held in accordance with the Council's records management and retention policy.</p>	
<p><b>Declaration of Eligibility</b></p> <p>I declare that I have read and understood the <b>Appointment of School Governors – Qualifications and Disqualifications</b> and I am not disqualified from serving as a governor on a school governing body. If I become disqualified I will give notice of the fact to the clerk to the governing body.</p>	
<p>Signed:</p>	<p>Date:</p>

The following Inclusion questions are optional. (We collect this information for monitoring purposes only). Please tick the appropriate boxes.

I am: Male ☐ Female ☐ I consider myself to be: Disabled ☐ Non-disabled ☐

What is your ethnic group? Choose one section from (a) to (e) then tick the appropriate box to indicate your cultural background or complete the Any Other section:

<p>(a) White:</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p>	<p>(b) Mixed</p> <p><input type="checkbox"/> White/Black Caribbean</p> <p><input type="checkbox"/> White/Black African</p>	<p>(c) Asian/Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p>	<p>(d) Black/Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p>	<p>(e) Chinese</p> <p><input type="checkbox"/> Chinese</p>
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Any other – please specify:

**Section Two – To be completed by the person nominating the candidate** (who must be the parent or carer of a pupil at the school and must not be the spouse or partner of the candidate)

Forename:	Surname:
Address:	
Signature:	

**Section Three – To be completed by the clerk or their representative at the end of the appointment process**

Date of appointment/election:

Name:		Date:	
Email:		Contact No:	

Any other information: