

**NOMINATION FORM OF FOUNDATION GOVERNOR**

**This form cannot be processed unless it is accompanied by a completed CRB application form or a photocopy of the criminal records disclosure certificate**

Name of School .....

School number (LEA) .....

Name of proposed Governor .....

Title: Rev / Mr / Mrs / Miss / Ms / other .....

Address .....

Post Code ..... Telephone number .....

Email address .....

Appointing body, eg PCC / DBE / Circuit / Trustee ..... Date appointment commences .....

Is the person the parent of a child who will be in the school at the time of appointment? YES / NO

**To be filled in by the proposed foundation governor:**

Do you fall into any of the following categories:

- aged under 18 years YES / NO
- hold more than one governorship at the same school YES / NO
- have failed to attend the governing body meetings for a continuous period of six months, beginning with the date of the first meeting you failed to attend, without the consent of the governing body. YES / NO
- a bankrupt or disqualified under the company Directors Disqualification Act 1986 or an order made under section 429(2)(b) of the Insolvency Act, 1986 YES / NO
- removed from the office of charity trustee or trustee for a charity by the Charity Commissioners or High Court on grounds of any misconduct or mismanagement YES / NO
- suffer a serious mental illness and be compulsorily detained in hospital, or be liable to be detained under the Mental Health Act, 1983 YES / NO
- disqualified from working with children or from being an independent school proprietor, teacher or employee by the Secretary of State YES / NO
- have been sentenced to 3 months or more in prison in the previous 5 years; or 2 1/2 years or more in the previous 20 years; or ever received a sentence of 5 years or more. YES / NO
- been fined for causing a nuisance or disturbance on school premises during the 5 years prior to or since becoming a governor YES / NO

I am willing for an application to be made to the Criminal Records Bureau for a criminal records disclosure certificate.

Signed .....  
*proposed foundation governor*

Signed .....

Name ..... Incumbent / PCC Secretary / Superintendent  
*circle as appropriate*

This Governor replaces .....

**Please return this form to the Blackburn Diocesan Board of Education, Church House, Cathedral Close, Blackburn, BB1 5AA**