

**Becoming a local authority school governor in Wolverhampton  
Expression of Interest**

**Improving School Leaders**

**Improving schools**

“All children and young people in Wolverhampton’s schools achieve outcomes which exceed expectations by attending outstanding schools, where every governing body drives improved outcomes for young people through effective strategic leadership, challenge and support to the school.”

Thank you for completing this form and expressing an interest in becoming a school governor in Wolverhampton.

*Please note that completion of this form does not guarantee you a governor appointment.*

<b>Name</b>	
<b>Address</b>	
<b>Tel'</b>	
<b>Mobile</b>	
<b>Occupation</b>	
<b>Name &amp; Address of Employer</b>	

<b>Where did you find out about becoming a school governor?</b>
<b>Have you been a governor before</b> <i>(If so, please state which school (s) and date(s))</i>

<p><b>What would make you an effective governor?</b> <i>Please outline your personal qualities, experience and skills you feel meet the needs of schools and will support you in this role.</i></p> <p>Please note providing evidence of the following may help you in your application:</p> <ul style="list-style-type: none"> <li>• How you have brought about improvements by supporting and challenging others</li> <li>• How you support the beliefs, ethos and mission of our schools.</li> </ul>
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**Please indicate below by ticking the appropriate category (s) if there is a particular school or type of schools you would be interested in supporting and explain why.**

<b>Category</b>	<b>Tick</b>	<b>Reason and/or School Name</b>
Nursery	<input type="checkbox"/>	
Infant	<input type="checkbox"/>	
Primary	<input type="checkbox"/>	
Junior	<input type="checkbox"/>	
Secondary	<input type="checkbox"/>	
Special	<input type="checkbox"/>	
No Preference	<input type="checkbox"/>	

## Character reference

<b>Please provide the name and address of a person whom you have known for at least two years or more, who can provide a character reference on your behalf.</b> This should not be a family member.	
Name	
Address	
Tel. Number	
E mail	
Capacity in which known	

Do you have any conflicts of interest to declare at this stage?	Yes	No
<b>Please tick to acknowledge that by completing this application form you agree to:</b>		
<ul style="list-style-type: none"><li>•Attend all core training provided by the authority</li><li>•Declare any conflicts of interest as soon as they arise</li><li>•Not pursue any political standpoint whilst in office</li></ul>		

Signed: \_\_\_\_\_

Date:

**Please return this form to:**

Ms Bal Bhandal – Administrator  
School Standards and Vulnerable Pupils  
Area K, Ground Floor  
Civic Centre  
St Peters Square  
Wolverhampton  
WV1 1RR

Telephone: 01902 557915

Fax: 01902 555268

[bal.bhandal@wolverhampton.gov.uk](mailto:bal.bhandal@wolverhampton.gov.uk)

**For office use only**

Date Received	School Appointed to	Date appointed	Appointed by