

**Application to become a member**

**of the Board of Trustees**

Thank you for your interest in becoming a member of the Multi Academy Trust Board of Trustees.

Please complete this form and return it to:

**Mrs Sian Griffiths**

by email: [sgriffiths@lifemultiacademytrust.org.uk](mailto:sgriffiths@lifemultiacademytrust.org.uk)

or by post:

The LiFE Multi-Academy Trust

Leicester Lane

Desford

Leicestershire

LE9 9JL

All applicants will undergo an enhanced Disclosure and Barring Service and s128 check, which is free for volunteers to this role.

Trustees are also Directors of LiFE Multi Academy Trust and will be registered as such at Companies House.

|  |  |
| --- | --- |
| **Title:** |  |
| **First name:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Employment status:** |  |
| **Occupation:** |  |
| **Employer name:** |  |
| **Qualifications:** |  |

**Why are you interested in becoming a Trustee and what would you like to get from the role?**

**Please share your understanding of the knowledge, skills or experience the LiFE Trustee Board is looking for in a Director/Trustee:**

**Please set out how your experience and skills match these areas:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referees** (If you have governed at another school one referee must be from your last school) | | | |
| **First referee** | | **Second referee** | |
| Title: |  | Title: |  |
| First name: |  | First name: |  |
| Surname: |  | Surname: |  |
| Relationship to you: |  | Relationship to you: |  |
| Tel: |  | Tel: |  |
| Address: |  | Address: |  |
| Email: |  | Email: |  |

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| **Declaration of interests**  The declaration of financial (pecuniary) and personal interest form is completed by individual Directors and Trustees and reviewed annually. If your circumstances change before the review, you should inform the clerk. | |
| **School/Industry:**  **Position:**  I declare as a potential Director/Trustee of LiFE Multi-Academy Trust that I hold the following personal and/or pecuniary interest(s): | |
| **Business and Pecuniary interests** | **Please provide details of the interest** |
| Current employment |  |
| Businesses (of which I am a partner or sole proprietor) |  |
| Company directorships – details of all companies of which I am a Director |  |
| Charity trusteeships – details of all companies of which I am a Trustee |  |
| Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management |  |
| Gifts or hospitality offered to you by external bodies while acting in your position as a Governor/Trustee and whether this was declined or accepted in the last 12 months |  |
| Contracts offered by you for the supply of goods and/or services to the Trust/School |  |
| Any other conflict |  |
| **Material interests** | **Please provide details of the interest** |
| Material interests arising from relationships with other Trustees or relationships with Governors and school staff (including spouses, partners and close relatives) or a child at any of the Trust schools |  |
| Any other conflict |  |
| **Links to industry/community groups/educational groups or other affiliations:** | |

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| I sign (electronically or in writing) below to confirm that all information I have put in this form is true and accurate, and that I have read all the relevant sections of the applications or guidance notes. I also confirm that I have read the NGA Code of Conduct and I agree to abide by it.  I understand that I must tell you about any relationships with any members or employees or Governors of the school. I understand that if I neglect to give information about any criminal convictions, cautions, reprimands or final warnings when required to do so, and this is discovered after appointment, it is likely that I could be deemed no longer eligible for the role of Trustee.  I understand that satisfactory references and DBS disclosure will be required before taking up this role.    Signature:                                                                                  Date: |

**OFFICE ONLY – MUST BE REMOVED PRIOR TO SHORTLISTING**

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| **Equal Opportunities Monitoring Section** | | | | | | | |
| The Trust want to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The Trust needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information you provide will stay confidential and be stored securely. | | | | | | | |
| 1) How would you describe your ethnicity? | | | | | | | |
|  | a) White | | b) Mixed | | c) Asian & British Asian | | |
|  | ⬜ British | | ⬜ White & Black Caribbean | | ⬜ Indian | | |
|  | ⬜ Irish | | ⬜ White & Black African | | ⬜ Pakistani | | |
|  |  | | ⬜ White & Asian | | ⬜ Bangladeshi | | |
|  | ⬜ Any other White background\* | | ⬜ Any other mixed background\* | | ⬜ Any other Asian background\* | | |
|  | \* please state below: | | \* please state below: | | \* please state below: | | |
|  |  |  |  |  |  |  |  |
|  | d) Black or Black British | | e) Chinese or other Ethnic Group | | f) Gypsy / Traveller | | |
|  | ⬜ Caribbean | | ⬜ Chinese | | ⬜ Irish Traveller | | |
|  | ⬜ African | |  | | ⬜ Romany Gypsy | | |
|  | ⬜ Any other Black background\* | | ⬜ Any other Ethnic Group\* | | ⬜ Any other Asian background\* | | |
|  | \* please state below: | | \* please state below: | | \* please state below: | | |
|  |  |  |  |  |  | f |  |
|  | | | | | | | |
|  | ⬜ Prefer not to state | |  | |  | | |
|  | | |  | |  | | |
| 2) My sex is: | | |  | |  | | |
|  | ⬜ Male | | ⬜ Female | | ⬜ Trans Male | | |
|  | ⬜ Trans Female | | ⬜ Prefer not to state | | ⬜ Other, please state below\* | | |
|  | | |  | | \* please state below: | | |
| 3) My date of birth is: | | |  | |  | | |
| 4) The Equality Act 2010 defines disability as “**‘**A physical or mental impairment which has a substantial and  long term adverse effect on the ability to carry out normal day-to-day activities” | | | | | | | |
| I consider myself to be: | | | | | | | |
|  | ⬜ Disabled | | ⬜ Non-Disabled | | ⬜ Prefer not to state | | |
|  | | | | | | | |
| 5) My religion is: | | | | | | | |
|  | ⬜ Buddhist | | ⬜ Christian (all denominations) | | ⬜ Hindu | | |
|  | ⬜ Jewish | | ⬜ Muslim | | ⬜ Sikh | | |
|  | ⬜ None | | ⬜ Prefer not to state | | ⬜ Other \* | | |
|  |  | |  | | \* please state below: | | |
|  | | | | | |  |  |
| 6) My sexual orientation is: | | | | | | | |
|  | ⬜ Bi-sexual | | ⬜ Gay | | ⬜ Lesbian | | |
|  | ⬜ Heterosexual | | ⬜ Prefer not to state | | ⬜ Other \* | | |
|  |  | |  | | \* please state below: | | |
|  | | | | | |  |  |
| 7) My nationality is: | | |  | |  | | |