**CECET appointed Director Nomination Form**

**SECTION 1**

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|  |  | **Name of Academy/ Multi Academy Trust for which nomination is being made:** |
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| --- | --- | --- |
| **Name, address and telephone number(s) of prospective Director:** | | |
|  |  |  |
| Title: |  | Full Name: |
|  |  |  |

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| --- | --- | --- |
| Address (including postcode): | Telephone Number(s): | |
|  | Home: |  |
|  |  |
| Work: |  |
|  |  |
| Mobile: |  |
|  | | |
| Email address (if known): | | |
|  | | |

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| **SECTION 2** |

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| Is this person already a governor at the school? | Yes/No | \* Please delete as appropriate |

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| If yes, please complete sections a, b, c and d before proceeding to Section 3  If no, please proceed straight to Section 3 |

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| a) Approximately how long has this person been a governor at the school? |
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| b) What category of governor is this person? |
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| c) If known, what position(s) does this person currently hold on the governing board (e.g. Chair of Governors, area of responsibility)? |
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| d) If known, what has their attendance been like at governing board meetings? |
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| **SECTION 3** |
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| Is this person currently a governor at another school or had any previous experience as a school governor? If yes, please give details: |
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| To the best of your knowledge has this person ever been disqualified as a school governor? |

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| Yes/No | \* Please delete as appropriate |

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| If yes, please give details: |
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**SECTION 4**

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| Please provide details of the experience or skills of the nominated individual that you feel would be of benefit to the school governing board. In providing the appropriate information, it would be helpful if you would take account, where known, of any eligibility criteria set following a skills audit of the governing board. |
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**SECTION 5**

**Additional information:**

This will be used when considering the best appointment for this position, having also taken the above information into account. Please provide as much information as possible, continuing on a separate sheet if necessary.

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**SECTION 6**

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| Has the nominee agreed to be appointed as a director? | Yes/No |
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| To the best of your knowledge, does this person meet the Diocesan governor eligibility criteria? | Yes/No |

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| --- | --- |
| Is this person an active member of the Church of England? | Yes/No |

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| --- | --- |
| Your name (please print): |  |

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| --- | --- |
| Name of Academy Trust: |  |

|  |  |
| --- | --- |
| Position held: | Headteacher / Chair of Directors (Please delete as required) |

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| Name of Vicar |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date: |  |

**SECTION 7**

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| --- | --- |
| For office use only | |
| Date Ratified by Board |  |
|  |  |