Governor Nomination Form

admin@methodistschools.org.uk www.methodistschools.org.uk www.methodistschools.org.uk/privacy_notices

020 7935 3723





Dear Nominated Governor,

Thank you for agreeing to serve as a Governor at a Methodist Independent Schools Trust (MIST) School. Please complete the details below. For new nominees please provide a statement that briefly summarises the particular strengths and expertise you bring to the Governing Body (GB). For re-nominations please briefly summarise the contributions made to GB business over your last term of service. A privacy notice will be provided. Please note that MIST requires this information so that it can meet its legal obligations and legitimate interest. You can access your data at any time, please contact dataprotection@methodistschools.org.uk for more information. Data provided will be kept securely.

Name of Nominated Governor:	Title:	School:
Prior or current connection with MIST/MIST schools (if ar	ny): Nationality:	
Application: New Re-Nomination	n Please include	CV for New Nominations
PERSON	AL INFORMAT	ION
Date of Birth dd/mm/yyyy		
Address (Residence):	E-mail:	
	Contact Number:	
Current employment (or previous employment if retired)):	
Qualifications (Professional/Educational):	Membership of p	rofessional associations:
List any other Trusteeships or Governorships held (dates	if known):	
Policious Affliction.	unde (if a maliar la la contra la co	a di nata cula atla au in fauna - l l l : \
Religious Affiliation: Chu	irch (if applicable - please i	ndicate whether in formal membership):

DECLARATION

I declare that:

I am in full sympathy with the Methodist Schools ethos, which in short form states: Methodist Schools are inclusive and welcoming communities where individuals are valued, good order is respected, relationships cherished, and where excellence in its widest sense (academic, extra-curricular, lifestyle) is pursued. Methodist Schools encourage a sense of belonging, seek to improve lives and boldly expect the impossible. In Methodist Schools, educational experiences and activities bring mind and heart, intellect and passion together. Methodist Schools work in mutually beneficial partnerships with each other and the wider Methodist Church.

I undertake to fulfil my responsibilities and duties as a Governor in good faith and in accordance with the law, MIST's Governance Manual and Mission Statement (as may be amended from time to time).

I am not an undischarged bankrupt.

I have not previously been removed or disqualified on the grounds of misconduct or mismanagement in the administration of a charity by a Court, the Charity Commission, by the Department for Education, the Teaching Regulation Agency (TRA), or the Companies Act 2013 (Section 164).

I am not under a disqualification order under the Company Directors Disqualification Act 1986 or the Charities Act 2011 (Section 178).

I understand that the School/Trust will carry out all necessary checks on me, including with the Disclosure and Barring Service, as part of its legal obligations.

I do not have any financial or other personal interests in conflict with those of the School/Trust (either in person or through family or business connections) except those of which I will formally notify in an annual statement of interests. I will specifically declare any such interest at any meeting where Governors are required to make a decision which affects my personal interests, and I will absent myself entirely from any decision on the matter and not vote on it.

I am over the age of 18.

I agree to immediately notify the Chair of Governors in the event of any material change to the responses provided on this form.

PERSONAL STATEMENT

(NEW nominees please provide a statement that briefly summarises the particular strengths and expertise you bring to the GB. RE-NOMINATIONS please briefly summarise the contributions made to GB business over your last term of service.)

CHAIR'S STATEMENT OF ENDORSEMENT

(For Chair of Governor re-no	ominations, the Deputy (Chair should complete this se	ction.)	
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				Meeting date at which
C' C C . L N		<u> </u>		
Signature of the Nominee		Signature of the Chair of Governors		nomination/re-nomination approved:
5 :				
Date				
dd/mm/yyyy				