

CUMBRIA CHILDREN'S SERVICE

SCHOOL GOVERNOR APPLICATION FORM

Expression of interest in membership of a school governing body - Expressions of interest will be shared with all appropriate schools.

NAME:

ADDRESS:

.....

.....

TELEPHONE NUMBER:

EMAIL ADDRESS:

TYPE OF SCHOOL PREFERRED:

INFANT	<input type="checkbox"/>	SECONDARY	<input type="checkbox"/>
JUNIOR	<input type="checkbox"/>	SPECIAL	<input type="checkbox"/>
PRIMARY	<input type="checkbox"/>	NO PREFERENCE	<input type="checkbox"/>

(Please tick relevant box)

PREFERRED SCHOOL LOCATION:

CARLISLE	<input type="checkbox"/>	EDEN	<input type="checkbox"/>
SOUTH LAKES	<input type="checkbox"/>	FURNESS	<input type="checkbox"/>
ALLERDALE	<input type="checkbox"/>	COPELAND	<input type="checkbox"/>

(Please tick relevant box)

SUPPORTING INFORMATION (e.g. Background, Special Interests, Specific Contributions, etc.)

SIGNED: DATE:

Return to: Cumbria Children's Services
Governor Support Team
5 Portland Square
Carlisle, Cumbria
CA1 1PU

Please Note: All new governors will be requested to complete an identify check and self declaration form to confirm that they are eligible to serve as a School Governor.