**Expression of interest – Trinity MAT Governor**

|  |  |
| --- | --- |
| **Title** |  |
| **Forename** |  |
| **Surname** |  |
| **Former name** |  |
| **Date of birth** |  |
| **Address****Postcode** |  |
| **Email address** |  |
| **Telephone (home)** |  |
| **Telephone (mobile)** |  |
| **Present job title** |  |
| **Present employer** |  |

Do you have any criminal convictions? Yes [ ]  No [ ]

If ‘yes’ please provide details:

Are you a Governor at any other school? Yes [ ]  No [ ]

If ‘yes, please provide details:

Are you related to any employees at Trinity MAT? Yes [ ]  No [ ]

Please provide a short statement to explain what skills and experience you would bring to the trust as a Governor?

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

Please return your completed form to hsingleton@trinitymat.org. Many thanks.