

Local Board member: Expression of interest

Indicate the name of the Academy Local Board that you are interested in joining	
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Personal Details

Surname	
First names	
Title (select as appropriate)	Mr <input type="checkbox"/> / Mrs <input type="checkbox"/> / Miss <input type="checkbox"/> / Ms <input type="checkbox"/> / Other <input type="checkbox"/>
Previous surname (if relevant)	
Address	
Email address	
Correspondence Address (if different from above):	
Daytime telephone number	
Mobile	
Home	
Nationality	
Date of birth	
Country of birth	

Knowledge and experience

Please indicate which of the following knowledge and experience you have, describing briefly the context in which they were gained

Education (primary, secondary, FE, HE)	
Local community	
Local business	
Local and regional economy	
Working or volunteering with children or young people	
Understanding special educational needs	

Have you previously been a school governor? Yes / No

(If yes, please provide brief details)

Please say why would you like to be a member of the academy's local board (in the event of an election this statement would be used to help those voting make a choice, please limit to 150 words)?

Please inform us of any potential conflicts of interest¹.

Please confirm that you agree to abide by the Code of Conduct of the University of Brighton Academies Trust by signing or typing your name below:

¹ You would be invited to complete a full Declaration of Business or Pecuniary Interests following appointment; however, it would be helpful to flag any potential conflicts of interest at this point