

DECLARATION OF ELIGIBILITY FORM

RESTRICTED



- Please complete Section A and the first half of Section B.
- Please provide two proofs of identity (e.g. Passport/Driving Licence/Utility Bill/Bankers Card) to the Headteacher or Clerk to Governors who will complete and sign Section C
- **SECTION A TO BE RETAINED BY THE CLERK TO GOVERNORS FOR THE DURATION OF THE TERM OF OFFICE.**
- **SECTIONS B AND C TO BE DEALT WITH ACCORDING TO THE SCHOOL'S DATA PROTECTION PROCEDURES.**

SECTION A

- *Having read and understood the disqualification criteria as listed, I declare that I am not disqualified from serving on a School Governing Board. If I become disqualified I will give notice of the fact to the Clerk of the Governing Board.*
- *I understand that my personal data including name, address, telephone number and email address will be held securely by the LA's Governor Support Service in line with Derbyshire County Council's Children and Younger Adults retention schedule and these details may be shared with other members of the LA if necessary.*

Signed:Date:

SECTION B

Title: Name:

Home address:

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Email Address:

Telephone/Mobile

Date of Birth.....

To be completed by the Headteacher or Clerk to Governors:

School Name:

Category of Governor:

Date elected/appointed: Length of term of office: years

SECTION C

Proof of Identify – two forms of identity required. Please indicate the nature of the proof seen:

Governor Name:

(1) (2)

Countersigned by Headteacher or Clerk to Governors:

Signature: Date: