

The following inclusion questions are optional. (We collect this information for monitoring purposes only). Please tick the appropriate boxes.

I am: Male Female I consider myself to be: Disabled Non-disabled

What is your ethnic group? Choose one section from (a) to (e) then tick the appropriate box to indicate your cultural background or complete the Any Other section:

(a) White: <input type="checkbox"/> British <input type="checkbox"/> Irish	(b) Mixed <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African	(c) Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	(d) Black/Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African	(e) Chinese <input type="checkbox"/> Chinese
Any other - please specify:				

Section Two - To be completed by the person nominating the candidate (if applicable) (who must not be the spouse or partner of the candidate.)

Forename:	Surname:
Address:	
Signature:	

Section Three - To be completed by the clerk to governors at the end of the appointment process

Please tick if governor is:				
Chair of Governor	<input type="checkbox"/>	Vice Chair	<input type="checkbox"/>	Training & Development Governor
Date of appointment/election:				
Name:		Date:		
Email:		Contact No:		
Any other information:				