



**THE
DIOCESE OF
SHEFFIELD
ACADEMIES
TRUST**

**Flanderwell Early Excellence Centre
Greenfield Court
Flanderwell
Rotherham
S66 2JF**

**Tel: 01709 718640 option 1
Email: enquiries@dsat.education**

Trustee Application Form

Please consider the following information before you apply to volunteer as a Trustee.

To become a governor, you must:

- Be over the age of 18.
- Not have been made bankrupt.
- Not be subject to a company director disqualification order.

It is recommended that, to support your application, you familiarise yourself with the [Governance handbook](#) and the [Competency framework for governance](#) as well as the Academy Trust Handbook.

Personal details	
Surname:	Forename(s):
Home address (including postcode):	
Preferred daytime contact number:	Preferred evening contact number:
Email address:	
Current or most recent employment	
Position or title:	Employer's name, address and telephone number:
Dates of employment:	
Brief description of duties:	
Education and qualifications	

Qualification and examination subjects	Results grade or classification	School, college or university

Additional training
Please give details of training and other continued professional development that may support your application.

Details	Outcomes	Dates	
		From	To

Experience of governance

Please provide a brief summary of your understanding of the role of a Trustee

Please provide a brief summary of any previous governance experience you have:

Please describe any skills, hobbies or interests you have that may support you in the role as Trustee

Please describe any other experiences you have had that may prepare you for the role and responsibilities of a Trustee

Reasons for applying

Please outline your reasons for showing an interest in becoming a Trustee at DSAT

Confirmation statement

I confirm that the information provided in this application form is accurate and that I have not and will not withhold information from any representative or its governing board. I confirm that I am not disqualified from holding office for any of the reasons set out in The School Governance (Constitution) (England) Regulations 2015.

Signature:

Date:

How did you find out about the vacancy of Trustee?

References

Please provide the names and addresses of two people who know you well and can provide confirmation of the information included in this application. Please include your current or last employer.

Referee name:		Referee name:	
Organisation:		Organisation:	
Address:		Address:	
Contact number:		Contact number:	
Email:		Email:	
Relationship to you:		Relationship to you:	
Length of relationship:		Length of relationship:	

Parish Priest Supporting Statement (if applicable)

Supporting Signatures			
Local Parish Priest (if applicable)		Head Teacher	
Name		Name	
Signature		Signature	
Date		Date	
I am signing this documentation to confirm that I am happy to accept and refer this application for ratification by the Trust Board			

