Please complete the details below and return the form to clerkingservices@nexusmat.org

|  |
| --- |
| **Personal Details** |
| Title. |  |
| Full Name. |  |
| Address. |  |
| Telephone Number. |  |
| Email address. |  |
| **More About You** |
| Type of Governor – please indicate from the list opposite. | Trustee Director Staff Governor Parent Governor Community Governor  |
| If you are interested in being a Parent Governor please give the name(s) of your child(ren) and their Date(s) of Birth. | n/a |
| Why would you like to become a governor? |  |
| Why would you like to become a governor at the Nexus Trust or a Nexus Academy? |  |
| What skills or experience can you bring to the role? |  |
| Signature. |  |
| Date. |  |

Please note that if your application is successful you will be asked to provide supporting documents to enable Nexus to conduct the necessary security checks prior to you being appointed.