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Description automatically generated

**The Enquire Learning Trust – Governance Application**

1. **Personal Details**

|  |  |
| --- | --- |
| **Surname** |  |
| **First Name** |  |
| **Current Address:** |  |
| **Postcode:** |  |
| **Contact Details** | |
| **Email:** |  |
| **Mobile:** |  |
| **Do you have a current DBS Check?**  **(Yes / No)** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick which position you are applying for:** | | | | | |
| **AIC Member** |  | **Trustee** |  | **Member** |  |

1. **Why are you applying for this position?**

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| **AIC Member applications only –**  Please specify which academy and the year your child is in (if applicable): |
|  |

1. **Criteria to be used when considering your application**

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| * A commitment to supporting the Trust’s vision and raising standards of achievement * Ability and willingness to work constructively as part of a team in the best interest of the Trust * A willingness to fulfil the role of an AIC member with energy and enthusiasm and a commitment to preparing for and attending meetings, development sessions and enquiries on a regular basis * Meeting the relevant statutory eligibility requirements for an AIC Member as set out in the relevant regulations and undergoing all necessary background checks * A commitment to promoting and supporting equality of opportunities in line with the Trust’s Equalities Policy * Work in line with the Nolan’s 7 Principles of Pupil Life |

1. **Please complete the below skills audit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Level of knowledge or skills/behaviour, rate on scale of:  NO YES | | | | |
| **1** | **2** | **3** | **4** | **5** |
| I am committed to improving the education and welfare for all pupils |  |  |  |  |  |
| I understand current national education policy and the local education context |  |  |  |  |  |
| I have previous experience of being a AIC member/trustee in another school or Trust |  |  |  |  |  |
| I am able to work in a professional manner, avoiding conflicts, acting with transparency and integrity |  |  |  |  |  |
| I am able to question and challenge, working as part of a team to identify viable options through collective decision making |  |  |  |  |  |
| I am committed to the Trust’s vision and ethos |  |  |  |  |  |
| I have experience of promoting community cohesion |  |  |  |  |  |
| I understand the importance of collecting high quality data and have expertise using data to interpret/evaluate performance and identify trends to target improvement |  |  |  |  |  |
| I have expertise in curriculum development, school assessment and progress/attainment. |  |  |  |  |  |
| I have experience of working with leaders to establish expectations for improvement and outcomes. |  |  |  |  |  |
| I have experience of inspection and oversight in the school sector |  |  |  |  |  |
| I am willing to devote time, enthusiasm and effort to the duties of and responsibilities of an AIC member |  |  |  |  |  |
| I am a strong communicator and committed to building strong collaborative relationships. |  |  |  |  |  |
| I am able to discuss sensitive issues with experience of conflict resolution and influencing consensus. |  |  |  |  |  |
| I am able to demonstrate a commitment to ethical behaviour and values, honesty, independence of thought and sound judgement. |  |  |  |  |  |
| I am committed to equal opportunities and the promotion of diversity. |  |  |  |  |  |
| I am willing to reflect, listen and learn from a diversity of views, to receive and provide feedback and accept impartial advice. |  |  |  |  |  |
| I have experience of Chairing a panel hearing or appeal hearing |  |  |  |  |  |
| I have experience of participating on a panel hearing or appeal hearing |  |  |  |  |  |

1. **Declarations**

|  |  |
| --- | --- |
| I have read the above criteria and I agree to abide by them if I should be appointed. Furthermore, I clarify that the information given in this application is true and accurate and I have disclosed any and all information that may have a bearing on my appointment. I understand that any appointment is subject to an Enhanced DBS Check. | |
| **Signed** | **Date** |
|  |  |