DECLARATION OF ELIGIBILITY FORM

- Please complete sections A and 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.
- **SECTION 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 Body. If I become disqualified I will give notice of the fact to the Clerk of the Governing Body.*
- *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.*

Signed:	**Governor Name: …….** **School: ……..** **Signature: ……**

SECTION B

Title: ……

Name: ……

Home Address: ……

……

Email Address: ……

SECTION C **Proof of Identity** **Two Forms Required**	**Please indicate the nature of the proof seen:** **Governor Name: ……..** **(1) ……** **(2) ……**
Counter Signed by Headteacher or Clerk to Governors:	**Signature: ……**

Clerk to Governors:

Once completed, please arrange for a copy of this form to be forwarded to the LA's Governor Support Service for their records.