

**Appointment Form**  
**Local Governance Committee**  
**Oak Partnership Trust**

**Name of Academy**

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**Contact Details**

Name	
Address	
Post Code	
Telephone Number	
Email	

**Category: Please complete the boxes below as appropriate.**

Co-opted	<input type="checkbox"/>	Date of appointment by Local Governance Committee	
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Elected Parent/Staff	<input type="checkbox"/>	Date of election	
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Foundation (Co-opted)	<input type="checkbox"/>	Date agreed by Diocese of Bath & Wells	
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<b>OFFICE USE:</b>	
Term of Office	DD/MM/YY until DD/MM/YY

**CLERK'S DECLARATION**

I confirm that the governor has read the qualification and disqualification disclaimer and is not disqualified from serving as a governor. I have informed the governor that their contact details will be shared with SSE Governance Services. They are aware that the personal information held by SSE-Governance Services is collected for them to provide the service to the governance board and its membership that has been purchased. They are aware that the service only asks for the information needed and that it isn't kept for longer than necessary and that they can see the Privacy Notice on the SSE Website via <http://www.supportservicesforeducation.co.uk/DataProtection/Privacy> .

**Signed by the Clerk to the Local Governance Committee**

Signature. \_\_\_\_\_

Date. \_\_\_\_\_