Application form

Please complete and return this form to the Appeals Team via email to appeals@northyorks.gov.uk or by post to Admission Appeals Office, North Yorkshire Council, County Hall, Northallerton, DL7 8AD

Please indicate which area you wish to apply for, either or both are welcome:

Admission Appeals[1] ☐ **Exclusions**[2] ☐

(Please print clearly or type)

Surname ……..	**Title** (Dr, Mr, Mrs, Miss, Ms etc) …….....
Forenames (in full) ……..…….....	
Home address …… …… …… **Postcode** ……	**Correspondence address (if different)** ……..… …….. …….. **Postcode** ……..……
Phone numbers **Home** ……..…….. **Work** …… **Mobile** ……	**Email** …….. …….. ……..

Admission appeals - Please indicate which of the following categories you fulfil:

Lay Member ☐ **Non-Lay Member** ☐

Exclusions - Please indicate which of the following categories you fulfil:

Lay Member ☐ **Governor Member** ☐ **Both** ☐ **Headteacher** ☐

- *Exclusions:*

  - Headteachers or individuals who have been a headteacher within the last five years.
  - A lay member to chair the panel who has not worked in any school in a paid capacity, disregarding any experience as a school governor or volunteer.
  - Current or former school governors (of a maintained school, members of a PRU management committees and directors of academy trusts) who have served as a governor for at least 12 consecutive months in the last five years, provided they have not been teachers or headteachers during that time.
- Admission appeals:
  - A lay member (someone without personal experience in the management of any school or provision of education in any school (except as a school governor or in another voluntary capacity));
  - A non-lay member who have experience in education, who are acquainted with educational conditions in the local authority area, or who are parents of registered pupils at school.

Academic, professional and vocational qualifications		
Details of qualifications	**Awarding body**	**Date obtained**

Previous employment history			
Employer's name and address and type of business	**Dates**		**Position held and nature of responsibility**
	From	**To**	

Employment commitments

If you are currently employed, are you able to confirm that your employer will release you to carry out the responsibilities of a Member of the Independent School Admission Appeals Panel

Yes / No

If "no" please give details of constraints on your availability:

……

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Interests
You are not allowed to hear admission appeals for a school where you are, or have ever previously been, a governor. In addition, you may not hear an appeal if you have any connection with the school in question which may raise doubts about your ability to act impartially (for example if a family member attends or works at the school). Please list below any local schools where you have an interest that would prevent you from hearing appeals. (Please ask for further advice if you are unsure)

School	**Nature of interest**
……	……
……	……
……	……
……	……

Availability
Please list below any regular days/half-days that you are not available, to avoid us contacting you unnecessarily.

Please provide below details of two character referees who may be contacted:

Title and surname ……	**Title and surname** ……
Forenames (in full) ……	**Forenames (in full)** ……
Home address …… …… …… **Postcode** ……	**Home address** …… …… …… **Postcode** ……
Email ……	**Email** ……

Please indicate below in what capacity you know these individuals:	
…… …… ……	…… …… ……

Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974?
Yes / No **If yes please detail:**

Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?
Yes / No **If yes please detail:**

The volunteering opportunity you are applying for may require us to gain a DBS. Please read the government guidance on DBS documentation. We may ask you to provide ID and five years address history.

Are you able to drive?* **Yes/No**

* On occasion it may be necessary to arrange an in-person appeal hearing for accessibility reasons.

I confirm that the information provided is true and correct to the best of my knowledge and belief.

Signature …….. **Date** ……..

Thank you for your application