APPLICATION TO BECOME A SCHOOL ADMISSION APPEAL PANEL MEMBER

Please complete this form to make a formal notification of interest to volunteer as a panel member for Hertfordshire County Council.

PERSONAL DETAILS

Full name: …………………………………………………………………….. Title: ……………………………

Contact Address ……………………………………………………………………………………………………………………………………………
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Contact telephone number …………………………………………………………………………………………………………………

Mobile number: …………………………………………………………………………………………………………………

E-Mail address: …………………………………………………………………………………………………………………

Do you consider yourself to have a disability?

YES ☐ NO ☐

If yes, please give brief details of your disability

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What do you hope to achieve by becoming a volunteer panel member?

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What experience, skills and abilities could you bring to this role?

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ELIGIBILITY

Eligibility for Experienced in Education category

Yes ☐ No ☐

Do you have experience in education perhaps as a headteacher, teacher or the parent of a pupil currently registered at a Hertfordshire School? If your answer is Yes, please give full details:

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Eligibility for lay membership category

Yes ☐ No ☐

Are you somebody who has no personal experience in an education establishment except as a school governor or in another voluntary capacity?

If your answer is Yes, please give full details:

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Those not eligible to serve are:-

Any member or employee of the local authority (other than as a teacher) and any person who has, or has ever had, any connection with the local authority or employee of the local authority, such that doubts might be reasonably raised over his or her ability to act impartially.

Have you ever been employed by the Local Authority (other than as a teacher or teaching assistant)? If your answer is Yes, please give details as you may not eligible to serve as a panel member.

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Have you ever had any connection with the LA or any employee of the Local Authority? If your answer is Yes, please give full details as this could disqualify you from serving on panels.

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Please list any school governing bodies of which you are currently, or have previously been, a member. Please give dates.

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(You will not be asked to serve on appeal panels which involve these schools).
Please list any other schools where you would prefer NOT to be asked to hear appeals:

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Please could you indicate any practical constraints, for example, days of the week, which you cannot manage because of regular commitments:

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Do you have any further comments to add in support of your application?

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Please provide the name and address of a person who can provide a reference and who has known you for at least 12 months.

Name ..............................................................................................................................
Address ........................................................................................................................... 
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Please confirm the length of time and capacity in which they have known you.
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I confirm that the information given on this application form is accurate.

Signed ................................................................. Date..............................................

Completed forms should be returned to:

FAO: Beckie Walsh, Independent Appeals Manager

By email: school.appeals@hertfordshire.gov.uk

By post: Postal Point CHO 120, Customer Services, Resources, County Hall, Hertford, Herts, SG13 8DF