

## LETTER OF APPOINTMENT FOR AN ASSOCIATE MEMBER

Dear .....

The .....CMAT Board of Directors has appointed you as an **Associate Member of the Local Governing Body of .....School**. Details of your appointment are as follows:

Your term of office will be for 1 year commencing on ..... and concluding on.....

You will be able to attend all meetings of the Local Governing Body as a non-voting member. You will be able to play a full part in all discussions and in all governing body activities.

Your appointment is subject to the required checks in the interests of child protection. You are therefore required to undertake a DBS check (which requires ID information to be provided).

You are also required to sign and return to the school Clerk the declaration of eligibility attached to this letter.

Finally, on behalf of the .....CMAT I would like to welcome you as an Associate Member.

Yours sincerely

**CMAT Governance Lead/School Clerk**

## **ACCEPTANCE OF POSITION OF ASSOCIATE MEMBER AND ELIGIBILITY TO SERVE**

### **Disqualification and eligibility to serve**

A person is disqualified from being a governor or an associate member of a particular school if they have failed to attend the meetings of the local governing body of that school for a continuous period of six months beginning with the date of the first meeting they failed to attend, without the consent of the local governing body. *This does not apply to foundation governors appointed by virtue of their office (parish priests).*

A foundation governor or associate member at the school who is disqualified for failing to attend meetings is only disqualified from being a governor of any category at the school during the twelve month period starting on the date on which they were disqualified.

A person is disqualified from holding or continuing to hold office if that person:

- is the subject of a bankruptcy restrictions order or an interim order, debt relief restrictions order, an interim debt relief restrictions order or their estate has been sequestrated and the sequestration has not been discharged, annulled or reduced is subject to a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986, a disqualification order under Part 2 of the Companies (Northern Ireland) Order 1989, a disqualification undertaking accepted under the Company Directors Disqualification (Northern Ireland) Order 2002, or an order made under section 429(2)(b) of the Insolvency Act 1986 (failure to pay under county court administration order);
- has been removed from the office of charity trustee or trustee for a charity by the Charity Commission or Commissioners or High Court on grounds of any misconduct or mismanagement, or under section 34 of the Charities and Trustee Investment (Scotland) Act 2005 from being concerned in the management or control of any body;
- is included in the list of teachers or workers considered by the Secretary of State as unsuitable to work with children or young people;
- is barred from any regulated activity relating to children;
- is disqualified from working with children or from registering for childminding or providing day care;
- is disqualified from being an independent school proprietor, teacher or employee by the Secretary of State;
- has been sentenced to three months or more in prison (without the option of a fine) in the five years before becoming a governor/associate member or since becoming a governor/associate member;

- has received a prison sentence of two years or more in the 20 years before becoming a governor/associate member;
- has at any time received a prison sentence of five years or more;
- has been fined for causing a nuisance or disturbance on school premises during the five years prior to or since appointment or election as a governor/associate member;
- refuses a request by the clerk to make an application to the Disclosure and Barring Service (DBS) for a DBS Check.

Anyone proposed or serving as a governor/associate member who is disqualified for one of these reasons must notify the clerk to the local governing body.

I accept the position of Associate Member of the Local Governing Body at .....school

I have read and understood the terms of my appointment

I declare none of the above circumstances will disqualify my eligibility to undertake the role of governor/associate member.

I agree to any further checks required (including a DBS check) required in the interests of child protection.

**NAME:**.....

**SIGNATURE:**.....

**DATE:**.....