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| WLC black mono (A8086135) | DATA LABEL: PRIVATE |

## WEST LOTHIAN (PLACING IN SCHOOLS) APPEAL COMMITTEE

## APPLICATION TO JOIN THE PARENT PANEL

## Personal Information

|  |  |  |
| --- | --- | --- |
| Full Name: |  |  |
|  | Surname | First |

|  |  |
| --- | --- |
| Address: |  |
|  | Street Name and Number |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Town | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile Phone: |  | Home Phone: |  |

|  |  |
| --- | --- |
| E-mail Address: |  |

## Additional Information

**PLEASE PROVIDE INFORMATION ON THE SCHOOL(S) IN WEST LOTHIAN YOUR CHILD(REN) ATTEND, TOGETHER WITH DETAILS OF THEIR AGE AND STAGE AT SCHOOL.** (THIS IS TO ENSURE THAT YOU ARE NOT ASKED TO ATTEND HEARINGS RELATING TO THIS/THESE SCHOOLS).

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**IF YOU ARE A MEMBER OF A PARENT COUNCIL, PLEASE PROVIDE FURTHER INFORMATION BELOW, INCLUDING INFORMATION ON POSITION HELD, E.G. CHAIR, SECRETARY, ORDINARY MEMBER.** (YOU WILL NOT BE ASKED TO ATTEND HEARINGS RELATING TO THESE SCHOOLS).

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## Supporting Statement

**PLEASE PROVIDE ANY FURTHER INFORMATION WHICH YOU CONSIDER WOULD SUPPORT YOUR APPLICATION TO JOIN THE COMMITTEE.**

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## Availability

**PLEASE PROVIDE DETAILS OF YOUR AVAILABILITY BELOW. GIVE AS MUCH INFORMATION AS POSSIBLE IN ORDER THAT WE CAN, WHEREVER POSSIBLE, FIT HEARIGNS INTO COMMITTEE MEMBERS PREFERRED TIMES.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | **THURSDAY** | FRIDAY |
| am: |  |  |  |  |  |
| pm: |  |  |  |  |  |

## Declarations

**ALL CRIMES AND OFFENCES MUST BE DECLARED, INCLUDING ANY CONVICTIONS WHICH ARE SPENT IN TERMS OF THE REHABILITATION OF OFFENDERS ACT 1974, UNLESS THEY ARE “PROTECTED” CONVICTIONS AS DEFINED IN ARTICLE 2A OF THE REHABILITATION OF OFFENDERS AT 1974 (EXCLUSIONS AND EXCEPTIONS) (SCOTLAND) AMENDMENT ORDER 2015**

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**IF YOUR APPLICATION IS SUCCESSFUL, YOU WILL BE REQUIRED TO UNDERGO AN EHANCED PVG DISCLOSURE. IF YOU HAVE UNDERGONE A PVG CHECK, YOU WILL BE ASKED TO COMPLETE AN EXISTING MEMBER SCHEME RECORD UPDATE FORM.**

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| --- | --- |
| **I agree to undergo an enhanced PVG disclosure, the costs of which will be met by West Lothian Council** |  |

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| **I am already a member of the PVG scheme and agree to complete an Existing Member Scheme Update Form, the costs of which will be met by West Lothian Council** |  |

## References

**PLEASE PROVIDE DETAILS FOR TWO REFEREES WHO MAY BE CONTACTED TO COMMENT ON YOUR ABILITY TO DISCHARGE THE FUNCTIONS AS A MEMBER OF THE COMMITTEE.**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Job Title: |  |
| Company: |  | Phone: |  |
| Address: |  | | |
| E-mail Address: |  | | |
|  |  |  |  |
| Full Name: |  | Job Title: |  |
| Company: |  | Phone: |  |
| Address: |  | | |
| E-mail Address: |  |
|  |  |  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO [schoolappeals@westlothian.gov.uk](mailto:schoolappeals@westlothian.gov.uk)