**Thank you for considering volunteering for the role of Community Governor at CCYD**

(Please complete the form below)

**Title:** Enter title **First Name:** Enter title **Surname:** Enter title

**Address:** Enter Address

**Postcode:** Enter postcode

**Tel No:** Enter number **Email address:** Enter email address.

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**Governing bodies are essential to the success and continued improvement of today’s**

**schools. Please tell us if you became a school governor what you feel you could offer:**

Enter text.

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**When completed please email this application to:** melanie.hopkins@ccyd.bridgend.cymru

**Signature:** Enter text **Date:** Enter a date