

## Nomination Form

### Election of parent governors

Please enter IN BLOCK LETTERS the name and address of the person being nominated for election:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Being the parent/guardian of (name of pupil): \_\_\_\_\_

Signature of person nominated: \_\_\_\_\_

Signature of proposer (if different to nominee): \_\_\_\_\_

Name and address in BLOCK letters of proposer (if different to nominee):

\_\_\_\_\_

Personal Statement (maximum 250 words)

I wish to submit my nomination for the election of parent governor (subject to DBS check).

I confirm:

a) that I am willing to stand as a candidate for election as a parent governor and

b) that I am not disqualified from holding office for any of the reasons set out in the School Governance Regulations.

I understand that neither the Headteacher or the Director of Education bear responsibility for the validity of any statement made above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Completed nomination forms must be returned to the school by 3.00pm on Monday 22<sup>nd</sup> January 2024.**