

# PARENT GOVERNOR NOMINATION FORM

This form should be returned to the Returning Officer at the school by **Friday 16<sup>th</sup> October 2020, 12 Noon.**

**I wish to serve as a parent governor and to be a candidate if an election is necessary. I confirm that I am eligible to serve as a school governor (and have completed a self-eligibility declaration form). Please provide the details of two individuals who nominate and support your application for Parent Governor.**

FULL NAME (TITLE, FORENAME & SURNAME) <i>BLOCK CAPITALS PLEASE</i>	ADDRESS	SIGNATURE AND DATE
Proposed Parent Governor:		
Nominee One:		
Nominee Two:		

**Please use this space for your personal statement to support your nomination. This statement, typed in a standard format, with your name, which will be circulated to all parents in the event of an election. Please write no more than 250 words. (Please use overleaf if required).**

**Declaration of Nominee:** I confirm that I have a child at the school, and am willing to serve if elected and am hereby nominated to stand for election.

I am willing to accept nomination and agree that if successful I will be subject to clearance through the DBS.

Signed .....

Date .....

THIS FORM MUST BE RETURNED TO THE HEADTEACHER/RETURNING OFFICER

**BY 12 NOON ON TUESDAY 20<sup>TH</sup> OCTOBER 2020**

LATE NOMINATIONS WILL **NOT** BE ACCEPTED