



PARENT GOVERNOR ELECTION NOMINATION FORM

Please complete the information below IN BLOCK LETTERS

Name:		
Address:		
Email:		
No. of Children/s at the school		Year Group/s:

**please note your personal information is only used by the school as part of the election process.*

PERSONAL STATEMENT. Please provide information on your skills and experience and your reasons for applying to be a school governor **OR** if you are applying for re-appointment, evidence of the contribution you have made as a governor in your previous term. Statements should be no longer than **250** words.

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Please continue overleaf if necessary

I wish to submit my nomination for the position of parent governor (please indicate)

I confirm that I am willing to stand as a candidate for election as a parent governor. **YES/NO**

I confirm that I am not disqualified from holding office for any of the reasons set out in the School Governance Regulations/ Eligibility Criteria. **YES/NO**

I confirm that I am willing to undertake safeguarding and induction training and further ongoing training throughout my term of office. **YES/NO**

By signing this form, I agree that I understand the responsibilities of being a governor and also agree to abide by the governing body's Code of Conduct.

Signature Date

COMPLETED NOMINATION FORMS MUST BE RETURNED TO THE SCHOOL BY 3 pm 9th July 2024

