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**Caring, Sharing, Preparing for Life**

**Nomination form**

Election of parent governors

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

Name:

Address:

Email Address:

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.

I confirm (i) that I am willing to stand as a candidate for election as a parent governor and (ii) that I am not disqualified from holding office for any of the reasons set out in the School Governance Regulations.

Signature:

Date:

**Completed nomination forms must be returned to the school by XXXX**