



**ELECTION OF THREE PARENT GOVERNORS
NOMINATION FORM**

I am willing to be nominated for the position of Parent Governor at the above-named school.

Full Name (BLOCK LETTERS)	Mr	Mrs	Ms	Miss			
Address						Post code:	
Telephone No							
Email Address							
Name of child						Year	

To the Candidate:

In signing this form you are confirming that:

- a) you wish to be nominated as a prospective School Governor;
- b) you agree to undertake a pre-appointment check and Enhanced Level DBS check (with or without a Child Barred List check as appropriate).

Please note that, in the event of a ballot, personal statements are typed as written by the nominated parent. Only the first 50 words of the statement will be included (the school name will be counted as one word).

Signature _____

NB *The information you provide may be required by the Department for Education (DfE) for statistical purposes. It will not be made available to any other third party.*

PERSONAL STATEMENT
[No more than 50 words]