ELECTION OF A PARENT GOVERNOR – NOVEMBER 2022

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:

1. you wish to be nominated as a prospective School Governor;
2. 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]**