

## NOMINATION FORM

Before completing this form, please read the information with this letter

	NAME Mr/Mrs/Miss/Ms	ADDRESS	SIGNATURE
Nominee	(capitals)		
Proposer	(capitals)		
Secunder	(capitals)		

Declaration of Nominee: I am willing to accept nomination and confirm that I am not disqualified from becoming a governor. Should I be elected I agree that if I subsequently become disqualified I will notify the Clerk to Governors in writing.

Should I be elected I understand that information on my governorship will be made available to the County Council for its use in providing support to school governors\*.

\* In this respect the Data Controller is Lancashire County Council and the nominated officer for data protection is the Data Protection Officer.

Signed: .....

Date: .....

This form must be returned to the Headteacher/Returning Officer by 12noon on Monday 4 October 2021. Late nominations will not be accepted.