PARENT GOVERNOR ELECTION

NOMINATION FORM

Please complete the information below IN BLOCK LETTERS (except for email)

Name	
Address	
Email	
No. of Children/s at the school	
Year groups of children	

*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.

Please continue overleaf if necessary

Confirmation of nomination

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 3PM ON 21 OCTOBER 2025