

## PARENT GOVERNOR ELECTION

### NOMINATION FORM

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

Name	
Address	
Email	
No. of Children 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.

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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 4 JULY 2025**