



## Election of Parent Governor Nomination Form

Please enter IN BLOCK LETTERS the name and address of the person being nominated for election:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of person nominated: \_\_\_\_\_

Signature of proposer (if different to nominee): \_\_\_\_\_

Name and address in BLOCK letters of proposer (if different to nominee):

\_\_\_\_\_

Personal Statement (maximum 200 words) *Please complete this section in BLOCK LETTERS*

I wish to submit my nomination for the election of parent governor. I confirm;  
(i) that I am willing to stand as a candidate for election as a parent governor and  
(ii) that I am not disqualified from holding office for any of the reasons set out in the Articles of Association and the Education (Independent Schools Standards) (England) Regulations 2010 as amended.

Signature:

Date:

**Completed nomination forms must be returned to the Academy by 12pm on 26<sup>th</sup> September 2019.**