

Election of Parent Governor – Nomination form Please complete in BLOCK CAPITALS

Nominee name: _____

Nominee contact details: _____

Nominee personal statement (maximum 250 words):

(including why you are interested in becoming a Parent Governor, what skills and experience you offer and your aims if you were elected)

I confirm (i) that I am willing to stand for election as a Parent Governor and (ii) that I am not a) an elected member of the local authority, b) paid to work in the school for more than 500 hours in any consecutive 12 month period, c) disqualified from holding office for any of the reasons set out in the qualifications and disqualifications sheet.

Nominee signature: _____

Date: _____

If you are proposing a candidate for nomination, please confirm that they agree to be nominated and provide:

Proposer name and contact details: _____

Completed nomination forms must be returned to clerk@stmartinsepsom.school or in hard copy to the School office, marked for the attention of the Clerk to the Local Governing Body, by 3 pm on Thursday 27 June 2024