**NOMINATION FORM - Election of Parent Governors**

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| --- | --- |
| **Candidate name:** |  |
| **Candidate address:** |  |
| **Nominator name(s):** |  |
| **Candidate statement:** | In this section, outline:* The skills and experience you have that would be useful to the LGB
* Your commitment to undertaking training to acquire or develop the skills needed to be an effective governor
* If applicable, details of your contribution to the work of the governing board during your previous term of office
* How you plan to contribute to the future work of the board
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I confirm that (i) I am willing to stand as a candidate for election as a Parent Governor, (ii) I confirm that I am a parent or carer of a registered pupil at the School and (iii) that I am not disqualified from holding office for any of the reasons set out in the School Governance (Constitution) (England) Regulations 2012. <https://www.legislation.gov.uk/uksi/2012/1034/schedule/4/made>

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Completed nomination forms must be returned to the school by 4pm on Friday 20th September 2024.**