

**ELECTION OF PARENT GOVERNOR(S)**

**NOMINATION FORM**

**SCHOOL:** .....

**NAME:** .....  
(Mr/Mrs/Miss/Ms/other)

**ADDRESS:** .....  
.....  
.....

I have a child at the school and do not work at the school for more than 500 hours in any consecutive 12-month period and am not an elected member of the Local Authority. I hereby nominate myself for election as a Parent Governor of the school. I understand that, if elected, I will have to provide a declaration of eligibility and 2 items of proof of identity. A personal statement for inclusion in the voting paper is given overleaf.

**SIGNED:** .....

**SECONDED\* BY: NAME:** .....  
(Mr/Mrs/Miss/Ms/other)

**ADDRESS:** .....  
.....  
.....

**SIGNATURE:** .....

**\*The seconder must be a parent of a pupil at the school.**

**PERSONAL STATEMENT to include:**

**Why I am interested in being a school governor and what I can bring to the role:** *(When completing this section, please include details of generic experience / knowledge / skills you have to offer (these could include professional expertise, community involvement, voluntary work etc). You may also wish to address any specific skills criteria the governing board are looking for as set out in the nomination letter.*

**PLEASE PLACE THIS NOMINATION FORM IN A SEALED ENVELOPE MARKED 'NOMINATION FOR PARENT GOVERNOR' RETURN THE ENVELOPE TO THE MRS SHARRON ASHBY RETURNING OFFICER BY THURSDAY 5<sup>TH</sup> OCTOBER 12NOON.**

**ALTERNATIVELY YOU MAY WISH TO EMAIL YOUR NOMINATION FORM TO [mrsashby@hallamfields.derbyshire.sch.uk](mailto:mrsashby@hallamfields.derbyshire.sch.uk) MARKED IN THE SUBJECT HEADING 'NOMINATION FOR PARENT GOVERNOR' TO BE RECEIVED BY THURSDAY 5<sup>TH</sup> OCTOBER 12NOON.**