Parent Governor Nomination Form

Hipsburn Primary School

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| --- |
| **I am a parent of a pupil registered at the school and hereby nominate myself for election as a parent governor of the school.** **I understand that if elected I will be required to complete a Declaration Form and will be subject to a DBS (Disclosure and Barring Service) check.** **This nomination form, of which page 3 will be included in any voting paper, is duly completed and attached.**  |

|  |  |
| --- | --- |
| Nominee’s Name | (Mr/Mrs/Miss/Ms/Dr/Other) |
| Pupil’s Name(s) |  |
| Pupil’s Class(s) |  |
| Signature |  |

***Nomination seconded by\****

|  |  |
| --- | --- |
| Seconder’s Name | (Mr/Mrs/Miss/Ms/Dr/Other) |
| Pupil’s Name(s) |  |
| Pupil’s Class(s) |  |
| Signature |  |

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

Nominee’s Application Details

**Personal details (please print)**

|  |  |
| --- | --- |
| **Full name *(including title)*** |  |

|  |  |
| --- | --- |
| **Address** |  |
|  |
|  |
|  |
|  ***Postcode*** |

|  |  |
| --- | --- |
| **Email address *(if any)***  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact numbers *Home*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  ***Work*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  ***Mobile*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Personal information (please tick ✓ all applicable boxes)**

🞎 I am a teaching member of staff at the school who is also a parent of a pupil at the school. I am not paid to work at the school for more than 500 hours in a consecutive 12 month period.

🞎 I am a non-teaching member of staff at the school who is also a parent of a pupil at the school. I am not paid to work at the school for more than 500 hours in a consecutive 12 month period.

🞎 I am a parent of a pupil registered at the school.

##### Parent Governor Nominee - Personal Statement

***Please note that in the event of the number of candidates exceeding the number of vacancies this page will be shared with all parents as support for your nomination***

*Please complete this section in no more than* ***250*** *words, either electronically or in clear handwriting. Continue on reverse or separate page if necessary.*

|  |  |
| --- | --- |
| **Full name *(including title)*** |  |
| **Signed** |  | **Date** |  |
| **Print Name:** |  |  |  |

**My reasons for wanting to be a parent governor, including the skills and qualities I could bring to the governing body at Hipsburn Primary Schoolare:**