

**NOMINATION FORM**  
**1986 EDUCATION ACT - ELECTION OF PARENT REPRESENTATIVES**  
**SCHOOL**

I am willing to be nominated for the position of School Governor

Full Name (BLOCK LETTERS)	Mr	Mrs	Ms	Miss	
Address					
Telephone No.					
Child's Name				Year	

---

Proposed by	PRINT	SIGNATURE
Address		

To the Candidate:

In signing this form you are confirming

- (a) you understand that your home address will appear on the ballot forms;
- (b) your wish to be put forward as a prospective School Governor; and
- (c) that you agree to a pre-appointment check being made.

Signature \_\_\_\_\_

NB. Additional copies of this form are available from the school named at the top of this form.

NNB. The information you provide may be required by the Department for Children, Schools and Families (DCSF) for statistical purposes. It will not be made available to any other third party.

---

**PERSONAL STATEMENT**  
**[No more than 50 words]**