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English Martyrs’ Catholic Primary School

## Nomination Form for Parent Governors *(on school headed paper)*

**I would like to nominate myself to be a parent governor.**

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| **Name: Mrs/Ms/Miss/Mr/Other………..** | |
| **Address:** | |
| **Home tel. No:** | **Work tel. No:** |
| **Email:** | |
| **I am the parent/guardian of (please enter below the names of your children who currently attend the school).** | |
| Please use this space for a brief personal statement to support your nomination, setting out clearly the skills you feel you can contribute to effective governance and the success of the school. This statement will be circulated to parents if there is to be a ballot. | |
| I confirm that I have read the Qualifications and Disqualifications (regulation 17 and Schedule 4 of the Constitution Regulations 2012) overleaf and declare that I am not disqualified from serving as a school governor.  I understand that if successfully elected, I must co-operate with the application for a DBS check by the school, within 21 days of my election.  I am aware that if successfully elected my postal and e-mail addresses and contact numbers will be sent to and stored confidentially on a database by Governor Services at Southwark Council.  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |