**NOMINATION FORM FOR THE ELECTION OF A PARENT GOVERNOR**

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| School: St Joseph’s Catholic Primary School, Middlesbrough | me_school_symbol_transparent.jpg |
| Name and Address of Candidate:*(parent nominated for election)* |
| Parent of: *(Pupil’s name)* |
| Signature of Person nominated: |
|  |  |
| Name and Address of Proposer: |
| Parent of: *(Pupil’s name)* |
| Signature of Proposer: |
|  |  |
| Candidate’s consent to nominationI, …………………………………………………………………………………………………………. (*name*) agree to being nominated as a candidate for election as a Parent Governor on the Local Governing Body of St Joseph’s Catholic Primary School, Middlesbrough. |
| Signature: | Date: |
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| **When completed, this form must be returned to the school no later than** **12 noon on Tuesday 15th October 2019** |

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| **Nominated Candidate’s Statement** |
| Please state briefly why you wish to be a governor: (100 words maximum) |
| Please detail any skills and experience you have that you feel would support the work of the Local Governing Body: |