**Model nomination form**

**Election of Parent Governor to Local Governing Body at Lothersdale Primary School**

Please enter in BLOCK LETTERS, the name and address of the person being nominated for election:

|  |  |
| --- | --- |
| **Name:** |  |

|  |  |
| --- | --- |
| **Address:** |  |
|  |  |
|  |  |

**Personal Statement (maximum 250 words):**

**I wish to submit my nomination for the election of Parent Governor to Local Governing Body of Lothersdale Primary School.**

I confirm (i) that I am willing to stand as a candidate for election as a parent local governor and (ii) that I am not disqualified from holding office for any of the reasons set out in the Articles of Association (see Appendix 1).

|  |  |
| --- | --- |
| **Signature:** |  |

|  |  |
| --- | --- |
| **Date:** |  |

**Completed nomination forms must be returned to the school by Monday 27 November 2017.**