

## **Parent Governor Election Form**

Section O	ne – To be	completed by the c	DfE No.							
School Nam	e:									
Title:			Surname:							
Forename(s	):									
Any other forename(s) used:		) used:								
Address:										
Post Code:				Daytime Tel:						
Date of Birth:				Evening Tel:						
Mobile:				-mail:						
Personal statement (no more than 500 words)  This is the section that will get sent out to parents for the election. It should state your past experience and the skills you would bring to the role, why you are interested in being a Governor and the impact you could have. The only part missing from the information we currently have is the skills/experience part. The red guidance here will of course be deleted so please edit/amend as appropriate.										
				Contil	пие оп а ѕера	ate sheet and a	ttach to this form if necessary			
Data Protection Act  Personal data supplied on this form may be held on computer systems, both live and test, and will be used in accordance with the Data  Protection Act 1998 for statistical analysis, management, planning and in the provision of services by the County Council and its partners.  The information will be held in accordance with the Council's records management and retention policy.										
Declaration of Eligibility  I declare that I have read and understood the Appointment of School Governors – Qualifications and Disqualifications and I am not disqualified from serving as a governor on a school governing body. If I become disqualified I will give notice of the fact to the clerk to the governing body.										
Signed:						Date:				



The following Inclusion questions are optional. (We collect this information for monitoring purposes only). Please tick the appropriate boxes.												
I am: Male	Fema	ale	I consider	myself to be:	: Disabled	Non-disabled						
What is your ethnic group? Choose one section from (a) to (e) then tick the appropriate box to indicate your cultural background or complete the Any Other section:												
(a) White:	(b) Mix	(b) Mixed		sian	(d) Black/Black British	(e) Chinese						
British		White/Black Caribbean		ian	Caribbean	Chinese						
Irish		White/Black African		kistani	African							
Any other – please specify:												
Section Two – To be completed by the person nominating the candidate (who must be the parent or carer of a pupil at the school and must not be the spouse or partner of the candidate)												
Forename:		Surname:										
Address:												
Signature:												
Section Three – To be completed by the clerk or their representative at the end of the appointment process												
Date of appointment/election:												
Name:				Date:								
Email:				Contact No:								
Any other information:												