



Staplehurst School

## Parent Governor Nomination Form

<b>Position</b>	<b>Parent Governor<sup>1</sup></b>
<b>Closing Date</b>	<b>4:00pm on Friday, 16 October 2015</b>
<b>Nominees Details:</b>	
<b>Title</b>	<b>Address</b>
<b>Surname</b>	
<b>Forenames</b>	
<b>Gender</b>	<b>POSTCODE</b>
<b>Date of birth</b>	<b>Telephone: Home</b>
<b>Telephone: Work</b>	<b>Telephone: Mobile</b>
<b>Email address</b>	
<b>Personal Attributes</b>	
<i>To be completed in conjunction with the Governor Person Specification</i>	
<b>Time Commitment</b>	<i>Please detail below any aspects of the time commitment detailed in the Governor Person Specification which you would have difficulties fulfilling and why. <a href="#">This is a vital role for the success of the school and therefore it is key that you will be able to allocate the appropriate level of time and commitment.</a></i>
<b>Election Statement</b>	<i>In no more than 100 words please give details in support of your application including:</i> <ul style="list-style-type: none"> <li>• <i>evidence of the extent to which you possess the skills and experience detailed in the Person Specification;</i></li> <li>• <i>commitment to undertake training to acquire or develop the skills to be an effective Governor;</i></li> <li>• <i>your reasons for wanting to be a Governor and the contribution you believe you can make to the Governing Body.</i></li> </ul>

<sup>1</sup> A person is disqualified from being a Parent Governor if they are an elected member of the LA or paid to work at the school for more than 500 hours (i.e. for more than one-third of the hours of a full-time equivalent) in any consecutive twelve month period (at the time of election or appointment).

I understand that the Election Statement will be shared with the electorate and will be relied upon in considering my application for the position of Parent Governor.

I understand that I would be required to complete the following declarations/checks prior to appointment:

- Governor Declaration
- Governors Code of Practice
- Business Interests Register
- Disclosure and Barring Service (DBS) - Disclosure Certificate

I understand that the position is voluntary.

Signature of person nominated.....

Print Name.....

Parent /Carer of .....(Name/s of Child/ren)

Date.....

Signature of proposer.....

Name and address in BLOCK letters of proposer

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Parent/Carer of.....(Name/s of Child/ren)

Signature of seconder .....

Name and address in BLOCK letters of seconder

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Parent/Carer of.....(Name/s of Child/ren)

Please return this form to the Clerks to Governors, c/o Staplehurst School, Gybbon Rise, Staplehurst, Kent TN12 0LZ **before 4:00pm on Friday, 16 October 2015.**