

Nomination Form – Parent Governor

Election of a Parent Governor to St Thomas Leesfield CE Primary School Governing Body

Name of Candidate: (Ms/Miss/Mrs/Mr)			
Address:			
		Postcode:	
Email:			
Acceptance Signature:			
Child/Children's Name:			

Nominated by	
Name:	
Signature:	
Email:	

Seconded by	
Name:	
Signature:	
Email:	

<p>Please indicate the relevant personal and professional skills along with experience you have which would assist you in the role as a governor, to contribute to the effective governance and success of the school:</p>			
<p>Please tick all that apply ✓</p>			
Basic ICT Skills	<input type="checkbox"/>	Managing Staff	<input type="checkbox"/>
Business Skills	<input type="checkbox"/>	Performance Management	<input type="checkbox"/>
Data Analysis & Interpretation	<input type="checkbox"/>	Procurement and Purchasing	<input type="checkbox"/>
Dealing With Legal Matters	<input type="checkbox"/>	Professional Leadership	<input type="checkbox"/>
Faculty Management	<input type="checkbox"/>	Project Management	<input type="checkbox"/>
Financial Planning	<input type="checkbox"/>	Question + Challenge Senior Managers	<input type="checkbox"/>
Knowledge of Local/Regional Education	<input type="checkbox"/>	Understanding Education Policies	<input type="checkbox"/>
Links with the community	<input type="checkbox"/>	Understanding Financial Accounts	<input type="checkbox"/>
Links with Local Business	<input type="checkbox"/>	Understanding Strategic Planning	<input type="checkbox"/>
Literacy and Numeracy	<input type="checkbox"/>	Other	<input type="checkbox"/>

Personal Statement from Candidate (Maximum of 250 words):

- Please state how you plan to contribute to the future work of the school's governing body.
- If seeking re-election, please include details of your contribution to the governing body during your term of office.

Declaration

I am committed to undertake relevant training to support the role and be an effective governor

I am committed to attend meetings and visits to the school

I wish to submit my nomination for the election of parent governor.

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

Signature:

Date:

Please return this nomination form to the school by Friday 4 May 2018