



Parent Governor Election Form

Section One - To be completed by the candidate	
School Name:	
Title:	Surname:
Forename(s):	
Any other forename(s) used:	
Address:	
Post Code:	Daytime Tel:
Date of Birth:	Evening Tel:
Mobile:	E-mail:
Personal statement (no more than 500 words)	
<small>Continue on a separate sheet and attach to this form if necessary</small>	

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 Female 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: <input type="checkbox"/> British <input type="checkbox"/> Irish	(b) Mixed <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African	(c) Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	(d) Black/Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African	(e) Chinese <input type="checkbox"/> Chinese
Any other - please specify:				

Section Two - To be completed by the person nominating the candidate (who 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

Please tick if governor is:

Chair of Governor	<input type="checkbox"/>	Vice Chair	<input type="checkbox"/>	Training & Development Governor	<input type="checkbox"/>
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Date of appointment/election:

Name:		Date:	
Email:		Contact No:	

Any other information:

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