## NOMINATION FORM FOR THE ELECTION OF PARENT GOVERNOR

Name of nominee:

Student name (child of nomine);

Address:

Telephone:

Statement (maximum 150 words)

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I wish to submit my nomination for the election of Parent Governor.

I confirm

1. that I am willing to stand as a candidate for election as a parent governor
2. that I am not disqualified from holding office for any of the reasons set out in the School Governance Regulations.

Signed ……………………………………………………………… (Nominee for Parent Governor)

Proposed by: …………………………………………………………………….……. (Print name)

Signature of Proposer ………………………………………………………………….

Student name (child of proposer): ………………………………………………… (Print name)

Please return completed form to the School Business Manager, Einora Seiliute, (e.seiliute@brooksixthform.com) by 11:00am on Monday 30th September 2024.