



PARENT GOVERNOR NOMINATION FORM

Before completing this form, please read the notes overleaf

	NAME (Capitals) Mr/Mrs/Miss/Ms	ADDRESS	SIGNATURE
Nominee			
Proposer			
Secunder			

Declaration of Nominee: I am willing to accept nomination and confirm that I am not disqualified from becoming a governor. Should I be elected I agree that if I subsequently become disqualified I will notify the Clerk to Governors in writing.

Should I be elected I understand that information on my governorship will be made available to the County Council for its use in providing support to school governors. In this respect the Data Controller is Lancashire County Council and the nominated officer for data protection is the Data Protection Officer.

Signed: Date:

This form must be returned to the Returning Officer

Late nominations will not be accepted.

Information about you

Candidates are asked to give some information about themselves, which will help parents to decide whether to vote for them or not. (Maximum of 60 words)
