**Election of Parent Governor Representative to Shropshire Council’s People Overview Committee**

**NOMINATION FORM**

I wish to serve as a Parent Governor Representative on Shropshire Council’s People Overview Committeeand to be a candidate **if an election is necessary**. I understand that I must sign the declaration of eligibility below and provide a personal statement.

|  |  |
| --- | --- |
| Forename(s):  |  |
| Last Name:  |  |
| Home Address: |  |
| Contact Telephone Number: |  |
| Email Address: |  |
| Governing Body: |  |
| Category of Governor: |  |
| Date of election: |  |
| Signed: |  |
| Date:  |  |

**DECLARATION OF ELIGIBILITY *(must be completed)***

**I declare that I am a parent governor of a maintained school and that I am a parent of a registered pupil educated at a school maintained by the local authority at the time of election. I declare that I am not:**

* **Employed by the local authority;**
* **Employed at a school maintained by Shropshire Council either as teaching or non-teaching staff;**
* **A councillor** **of any local authority.**

|  |  |
| --- | --- |
| **Signed:**  |  |
| **Print Name:**  |  |
| **Date:**  |  |

**Now please complete the personal statement overleaf.**

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**PERSONAL STATEMENT**

After having read the relevant information, please outline below why you would like to be elected as a Parent Governor Representative on Shropshire Council’s People Overview Committee, highlighting:

* the reasons why you want to be a Parent Governor Representative; and
* any relevant experience, skills and knowledge that you think will be useful.

**Please remember: if there is an election, this is the candidate information that will be published.**

|  |  |
| --- | --- |
| **Name of Nominee:** |  |
| **Governing Body:** |  |
| **Personal Statement:** |

Please continue onto a second sheet, if you wish.

**This nomination form, declaration of eligibility and personal statement must be emailed to** **Governor-Services@shropshire.gov.uk** **by the published deadline.**

|  |
| --- |
| **Personal Statement (*continued*):** |

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