



## ELECTION OF PARENT GOVERNOR NOMINATION FORM

### Lincoln Gardens Primary School

<b>Full Name:</b>	<b>Title:</b>
<b>Address:</b>	
<b>Postcode:</b>	
<i>I have a child/grandchild at the school and do not work at the school for more than 500 hours in any consecutive 12-month period and am not an elected member of the Local Authority. I confirm that I am willing to stand as a candidate for election as a parent and that I am not disqualified from holding office for any of the reasons set out in the School Governance Regulations.</i>	
<b>Signed:</b>	

**Seconded by:**

<b>Full Name:</b>	<b>Title:</b>
<b>Address:</b>	
<b>Postcode</b>	
<b>Signed:</b>	
<b>Note: Seconders must be a parent of a child currently attending Lincoln Gardens Primary School</b>	

#### **PERSONAL STATEMENT to include**

**Why I am interested in being a school governor and what I can bring to the role:** *(When completing this section, please include details of generic experience / knowledge / skills you have to offer. These could include professional expertise, community involvement, voluntary work etc)*