Election of Parent Governor at Thomas Gainsborough School

Please enter in BLOCK LETTERS, the name and address of the person being nominated for election:

Name: _____

Address: _____

E-Mail: _____

Signature of nominee: _____

Signature of proposer (if different to nominee): _____

Name and address of proposer (if different to nominee):

_____

Personal Statement (maximum 250 words)

I wish to submit my nomination for the election of parent governor.

I confirm (i) that I am willing to stand as a candidate for election as a parent governor and (ii) that I am not disqualified from holding office for any of the reasons set out in the articles of association.

Signature

……

Date

……

Completed nomination forms must be returned to the school by 9 am Monday 7th April 2025