

Grace Academy Solihull Parent Governor Nomination Form

Please enter IN BLOCK LETTERS the name and address of the person being nominated for election.

Name:	 	 	
Address: _			

Email Address: _____

Signature of person nominated : ______

Signature of proposer (if different to nominee):_____

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

Personal Statement (maximum 250 words - please continue on a separate sheet if needed):

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

I confirm that I am willing to stand as a candidate for election as a parent governor and that I am not disqualified from holding office for any of the reasons set out in the Appendix C – Qualifications and Disqualifications.

Signature: ____

_____ Date: _____

Completed nomination forms to be returned to Returning Officer via the Clerk to the Governors either by the Academy Main Office or by emailing <u>gas-clerk@graceacademy.org.uk</u> by 12 noon on Tuesday 30 November 2021.