Parent Governor Nomination Form

Please complete the following information if you wish to put yourself forward for election as a Parent Governor. Before signing the form please read the information under 'qualifications and disqualifications' and check that you are not disqualified from becoming a parent governor for any of the reasons stated overleaf. Please include a personal statement in support of your nomination that will be circulated with the ballot papers if an election is necessary. The statement should be no more than 200 words:

Please write your name and address in block letters below.	
Name	**Mr/Mrs/Miss/Ms/Other title**
Address	
Post Code	
Student(s) Name(s)	
Year Group	

Please write your personal statement below (no more than 200 words)
(Please continue on a separate sheet if required)

I agree to stand for election as a Parent Governor for Health Futures UTC.

I am not disqualified for any of the reasons stated overleaf.

Signed:	**Date:**

Please return this form by Friday 13th November 2015 in an envelope marked 'Parent Governor Nomination' to the School Reception of Health Futures UTC, 350 High Street, West Bromwich, B70 8DJ