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 check that you are not disqualified from becoming a parent member for any of the reasons stated overleaf. You may 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	
Pupil(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 Noon on Friday 20 April, 2018 in an envelope marked 'Parent Governor Nomination' to: Annette Guest, Director of Operations, Health Futures UTC, 350 High Street, West Bromwich, B70 8DJ.