



PARENT GOVERNOR NOMINATION FORM

I WOULD LIKE TO NOMINATE MYSELF/OR*	(NAME)
AS A PARENT GOVERNOR BOARD MEMBER AT WORPLESDON PRIMARY SCHOOL FOR A FOUR-YEAR TERM.	
I UNDERSTAND THE COMMITMENT TO TIME AND EFFORT REQUIRED TO CONTRIBUTE POSITIVELY TO THE BOARDS ACTIVITIES. I UNDERSTAND THAT TRAINING, MENTORING AND SUPPORT WILL BE PROVIDED.	
ADDRESS:	
TEL:	
EMAIL:	
I AM A PARENT/GUARDIAN OF	(NAME OF CHILD)
	(SIGNATURE)
* Please delete as appropriate. If you are nominating someone else please check first that they are willing to stand and ask them to sign below	
	(SIGNATURE)

Worplesdon Primary School is keen that its governing body reflects its ethnic diversity. To assist in gathering information, please indicate which of the following categories you would place yourself

African 01	
African-Caribbean 02	
Arab 03	
SE Asian 04	
Bangladeshi 05	
Indian 06	
Pakistani 07	
Other Black 08	
English, Scots and Welsh 09	
Other, please specify (98)	

Irish 10	
Greek 11	
Turkish 12	
Other European 13	
Vietnamese 14	
Chinese 15	
Other White 16	
Black British 17	
Mixed Race 18	

Do you consider yourself to have a disability Yes / No *(please delete)*

If yes, please specify _____

All new governors are required by law to undergo a check on their suitability to serve. This will be a Disclosure and Barring Service (DBS) check which is a list of people, whose employment has been barred or restricted either on grounds of misconduct or for medical reasons. THIS INFORMATION IS FOR MONITORING PURPOSES ONLY AND WILL NOT BE SHOWN ON INFORMATION SENT TO PARENTS