

# Name of School

## PARENT GOVERNOR ELECTION – NOMINATION FORM

### 1. Parent / guardian details:

Title	
Surname	
First Names	
Address	
Telephone	
E-Mail	

2. I confirm that I wish to stand as a candidate for a place as a parent governor for

\*\*\*\*\***(Name of School)**

and confirm I am eligible to do so (please see attached list of exceptions).

3. Signature of parent / guardian \_\_\_\_\_ Date \_\_\_\_\_

My child is in Class/Year \_\_\_\_\_

4. If an election is held, I would like the following information about myself to be circulated to all parents with the ballot paper (**Strictly limited to 50 words maximum. Please note any submission over 50 words would be referred back to you and would delay this process**). If you do not wish to provide any information or the submission space is left blank, your name will still go forward for election without any further details.

*The data collected in this form will be used for recruitment purposes. It will be shared with the Headteacher, Clerk to Governors and Local Authority on appointment and will be processed in line with the requirements of the Data Protection Act 2018. For further information on how we process your personal data please refer to our Privacy Policy. This form will be destroyed after 6 months.*

*For further information on the School's data protection requirements please contact Katie England, Data Protection Officer, Room 357, County Hall, CF10 4UW, email: [SchoolsInformationManagement@cardiff.gov.uk](mailto:SchoolsInformationManagement@cardiff.gov.uk)*

**IMPORTANT: This form must be returned to the Headteacher by 3:30pm, (\*\*\*\*\*Day and Date of return of nomination )**

**Internal Use Only**

**NAME OF CANDIDATE** \_\_\_\_\_

**ELIGIBLE TO STAND FOR ELECTION      YES      NO**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Headteacher** (Returning Officer)