



Nomination Form

Election of Parent Governors

Please enter in **BLOCK LETTERS** the name and address of the person being nominated for election:

Name: _____

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)

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

I confirm (i) that I am willing to stand as a candidate for election as a parent governor and (ii) that I am not disqualified from holding office for any of the reasons set out in the Governor Confirmation of Eligibility document.

Signature

Date

Completed nomination forms must be returned to the school by **Friday 26th September 2025** and marked **FAO**

Sarah Rains, Returning Officer



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**St Ralph
Sherwin**
Catholic Multi Academy Trust