

DECLARATION OF ELIGIBILITY FORM

- Please complete Section A and the first half of Section B.
- Please provide two proofs of identity (e.g. Passport/Driving Licence/Utility Bill/Bankers Card) to the Headteacher or Clerk to Governors who will complete and sign Section C
- **SECTION A TO BE RETAINED BY THE CLERK TO GOVERNORS FOR THE DURATION OF THE TERM OF OFFICE.**
- **SECTIONS B AND C TO BE DEALT WITH ACCORDING TO THE SCHOOL'S DATA PROTECTION PROCEDURES FOLLOWING ELECTION / APPOINTMENT PROCESS.**

SECTION A

- *Having read and understood the disqualification criteria as listed, I declare that I am not disqualified from serving on a School Governing Board. If I become disqualified I will give notice of the fact to the Clerk of the Governing Board.*
- *Upon election / appointment, I understand that my personal data including name, address, telephone number and email address will be held securely by the LA's Governor Support Service in line with Derbyshire County Council's Children's Services retention schedule and these details may be shared with other members of the LA if necessary*.*

Signed: Date:

SECTION B

Title: Name:

Home address:

.....

Email Address:

Telephone/Mobile

To be completed by the Headteacher or Clerk to Governors:

School Name:

Category of Governor:

Date elected/appointed: Length of term of office: years

SECTION C

Proof of Identify – two forms of identity required. Please indicate the nature of the proof seen:

Governor Name:

(1) (2)

Countersigned by Headteacher or Clerk to Governors:

Signature: Date:

***Please note:**

If you do not wish your details to be held by the Governor Support Service, please contact the Team directly on 01629 535769 or email governor.support@derbyshire.gov.uk

ELECTION OF PARENT GOVERNOR(S)

NOMINATION FORM

SCHOOL:

NAME:
(Mr/Mrs/Miss/Ms/other)

ADDRESS:
.....
.....

I have a child at the school and do not work at the school for more than 500 hours in any consecutive 12-month period and am not an elected member of the Local Authority. I hereby nominate myself for election as a Parent Governor of the school. I understand that, if elected, I will have to provide a declaration of eligibility and 2 items of proof of identity. A personal statement for inclusion in the voting paper is given overleaf.

SIGNED:

SECONDED* BY: NAME:
(Mr/Mrs/Miss/Ms/other)

ADDRESS:
.....
.....

SIGNATURE:

***The seconder must be a parent of a pupil at the school.**

PERSONAL STATEMENT to include:

Why I am interested in being a school governor and what I can bring to the role: *(When completing this section, please include details of generic experience / knowledge / skills you have to offer (these could include professional expertise, community involvement, voluntary work etc). You may also wish to address any specific skills criteria the governing board are looking for as set out in the nomination letter.*

PLEASE PLACE THIS NOMINATION FORM IN A SEALED ENVELOPE MARKED 'NOMINATION FOR PARENT GOVERNOR' RETURN THE ENVELOPE TO THE RETURNING OFFICER BY 12:00pm ON Friday 2nd July 2021.