

**TEMPLEMOOR INFANT AND NURSERY SCHOOL**

**NOMINATION FORM FOR ELECTION OF PARENT GOVERNOR**

|  |  |
| --- | --- |
| Name of person nominated |  |
| Address |  |
| Child’s Name and Class |  |
| Telephone Number |  |
| Email address |  |

I am the parent/carer of a child at the­­­­­­­­­School and I am willing to serve as a governor if elected. I understand the commitment involved and will endeavour to attend training to assist me in the role.

I have read the Declaration of Eligibility and can confirm that to the best of my knowledge I am not disqualified from election as a governor.

|  |  |
| --- | --- |
| Signature of Nominee |  |
| Date |  |

**PLEASE RETURN THIS COMPLETED FORM TO THE HEAD TEACHER BEFORE**

**12 PM ON MONDAY 2ND MARCH 2020**



**PERSONAL STATEMENT**

|  |
| --- |
| My Skills and Experience: *(up to 100 words)* |
| My contribution to the future work of the Governing Body may include: *(up to 100 words)* |

**PLEASE RETURN THIS COMPLETED FORM TO THE HEAD TEACHER BEFORE**

**12 PM ON MONDAY 2ND MARCH 2020**

**DECLARATION OF ELIGIBILITY TO SERVE ON A SCHOOL GOVERNING BODY**

In some circumstances, a person is disqualified from holding or continuing to hold office as a school governor:

**Criteria relating to working with children**

You must **not** be:

* disqualified or restricted from working with children or young people;
* included in the list of people considered by the Secretary of State as unsuitable to work with children;
* subject to a direction under section 142 of the Education Act 2002;
* disqualified from registration for childminding or providing day care;
* disqualified from registration under Part 3 of the Childcare Act 2006;
* subject to a disqualification order under the Criminal Justice and Court Services Act 2000.

**Criteria relating to bankruptcy and insolvency**

You must **not** have had:

* your estate sequestrated if the sequestration order has not been discharged, annulled or reduced;

You must **not** be subject to:

* a bankruptcy restriction order, an interim bankruptcy restriction order, a debt relief order or an interim debt relief order;
* a disqualification order or a disqualification undertaking under the Company Directors Disqualification Act 1986;
* a disqualification undertaking accepted under the Company Directors Disqualification (Northern Ireland) Order 2002;
* an order made under section 492 (22) (bb) of the Insolvency Act 1986.

**Criteria relating to prison sentences**

You must **not** have:

* received a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) in the five years before becoming a governor or since becoming a governor;
* received a prison sentence of two and a half years or more in the 20 years before becoming a governor;
* at any time, received a prison sentence of five years or more.

**Criteria relating to general restrictions**

You must **not**:

* have been removed from the office of charity trustee or trustee for a charity from participating in the management or control of any body by the Charity Commissioners or High Court on grounds of any misconduct or mismanagement, or under Section 34 of the Charities and Trustees Investment (Scotland) Act 2005;
* have been fined for causing a nuisance or disturbance on school premises during the five years prior to or since appointment or election as a governor;
* already hold a governorship at the same school.

**You must be:**

* over 18 years old
* willing to allow an application to the Disclosure and Barring Service (DBS) for a criminal record certificate.

Please confirm that you are willing and eligible to stand by signing the declaration below.

I declare that I am not disqualified from serving on a school governing body. If I become disqualified I will give notice of the fact to the clerk to the governing body. I will agree to a Disclosure Barring Services (DBS) check.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

**PLEASE RETURN THIS COMPLETED FORM TO THE HEAD TEACHER BEFORE**

**12 PM ON MONDAY 2ND MARCH 2020**



**GOVERNOR REFERENCE FORM**

|  |  |
| --- | --- |
| **Name of Applicant** |  |
| **Referees: Two professional referees who can comment on your suitability to be a governor are required. Please provide details below:** | |
| **First Referee**  **Full Name:**  **Full Address:**  **Job Title:**  **Email:**  **Relationship to Applicant:** |  |
| **Second Referee**  **Full Name:**  **Full Address:**  **Job Title:**  **Email:**  **Relationship to Applicant:** |  |
| **Signed** |  |
| **Date** |  |

**PLEASE RETURN THIS COMPLETED FORM TO THE HEAD TEACHER BEFORE**

**12 PM ON MONDAY 2ND MARCH 2020**