**Appendix 1**

**HAMPTON PRIMARY PARTNERSHIP**

**NOMINATION FORM**

**FOR THE ELECTION OF**

**PARENT GOVERNOR**

|  |  |
| --- | --- |
| Name of Nominee: |  |
| Address: |  |
| Telephone Number: |  |
| Email address: |  |
| Child’s year group: |  |

I wish to submit my nomination for the election of Parent Governor at **HAMPTON PRIMARY PARTNERSHIP.**

*(Please delete as applicable)*

(i) I am willing to stand as a candidate for election as a parent governor

Or

(ii) I would like to nominate the above person as candidate for election as a parent governor

|  |  |
| --- | --- |
| Signed:  | Date:  |
| Print Name: |

You are invited to set-out overleaf or attach information about the nominee(s) to be sent out with the ballot papers **(max. 100 words).**

**Completed nomination forms must be returned to the Clerk either via the School Office or via email (****governorchair@hampton-inf.sch.uk** **or governorchair@hampton-jun.sch.uk) by 12 noon on Thursday 5 March.**