**Brentwood Avenue**

**Timperley**

**Altrincham**

**WA14 1SR**

**Trafford Medical Education Service Trafford High School**

**0161-912- 1249 0161-912 -1479**

**Email: zoe.hynes@trafford.gov.uk Email: sarah.langstreth@trafford.gov.uk**

**Website:** **www.traffordalternativeeducation.com**

**Nomination Form – Parent Governor**

A Parent Governor is defined as a person who is elected as a member of the Governing Board of the school, by parents of registered pupils at the school, and who is a parent at the time s/he is elected. “Parent” includes any individual who has or has had parental responsibility for, or cares or has cared for, a child or young person under the age of 19 who attends the school.

A person is disqualified from standing for election or appointment as a Parent Governor if s/he is:

* An elected member of the local education authority; or
* Paid to work at the school for more than 500 hours in any consecutive 12-month period (at the time of the election or appointment); or
* Subject to any of the disqualifications under The School Governance (Constitution) (England) Regulations 2012 Schedule 4

Parent/Carer Name:

Name of Child at School (and Year Group)

Address:

Telephone

Email address:

* I agree to nomination as a Parent Governor. I have read the requirements of the role and confirm I am eligible.
* I attach my personal statement and understand that this will be communicated to all parents if an election is necessary.

Personal statement (attached no more than 250 words)

Signed:

Dated: