## NOMINATION FORM - NOMINATION OF A PARENT TO SERVE ON THE LOCAL GOVERNING BODY OF **ARCHBISHOP ILSELY CATHOLIC SCHOOL FOR 4 YEARS**

Candidate Name (Block capitals)			
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Nominator 1 Name (Block capitals)	Address		
Parent of	I	Year(s)	
	1		
Nominator 2 Name (Block capitals)	Address		
Parent of	,	Year(s)	
I accept the above nomination. In the event of a ballot being necessary, I agree to my statement supporting my candidature will be circulated to all parents and carers. I understand that neither the local governing body nor Returning Officer bear any responsibility for the validity of any statement made. By sending this nomination paper by email, I acknowledge that I understand and fulfil the eligibility and conditions and agree to following the governor code of conduct and agree to undertake a disclosure via the Criminal Records Bureau and accept that my appointment, if elected, will not be valid until such a disclosure has been obtained.			
Candidate Name (Block capitals)	Address		
Parent of		Year(s)	
Statement in support of my applic candidate)	cation (no more than 100 wor	rds – this will only be circulated if there is more than one	

Closing date: 9am on Friday 5<sup>th</sup> December.
Completed nomination forms should be emailed to **recruitment@ilsley.bham.sch.uk**