**WIGAN LEARNING PARTNERSHIP GOVERNING BODY**

**ELECTION OF ONE PARENT GOVERNOR 2019 – 2023**

Nominations are invited no later than 10.00am on Monday 30th September 2019 for the election of a Parent Governor to serve on the Governing Body of the Wigan Learning Partnership. The term of office will be for a maximum of **four** years commencing from the date the result of the election is declared.

Candidates must be a parent or have parental responsibility for a registered pupil in attendance at Dean Trust Rose Bridge on the day the nomination forms are distributed and who is willing to accept appointment if elected. Anyone who works for Dean Trust Rose Bridge for more than 500 hours in any school year is not eligible to stand for election as a Parent Governor. Nominations may be made by parents of registered pupils at Dean Trust Rose Bridge (this should not be the nominee).

If we receive one nomination, the nominee will be elected unopposed. If we receive more than one nomination, a secret ballot will be conducted and copies of candidates’ personal statements will be circulated to all parents/carers together with voting papers. In the event of a tied ballot the elected candidates will be the parents who have the youngest children in school.

Candidates should submit with this nomination form a written statement of no more than 50 words in support of his/her nomination.

This nomination form must be returned to Suzanne Strong, Clerk to Governors, **no later than 10.00am on Monday 30th September 2019.**

[**sstrong@deantrustwigan.co.uk**](mailto:sstrong@deantrustwigan.co.uk)

Mrs S Strong

Dean Trust Wigan

Greenhey

Orrell

Wigan

WN5 0DQ

An enhanced DBS check will be completed for the successful candidate.

**NOMINATION FOR ELECTION OF PARENT GOVERNOR**

**FULL NAME OF PROPOSER (including title)**

**ADDRESS OF PROPOSER (including postcode)**

**SIGNATURE OF PROPOSER……………………………………………………Date…………………………**

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**FULL NAME OF CANDIDATE (including title) NAME OF SON/DAUGHTER**

**ADDRESS OF CANDIDATE (including postcode)**

**I accept this nomination as a candidate for election as Parent Governor and agree to an enhanced DBS check if elected.**

**SIGNATURE OF CANDIDATE…………………………………………………..Date…………………………………**

**CANDIDATES ELECTION STATEMENT (50 WORDS MAXIMUM)**