**Self-nomination form for the position of Parent /Carer Governor**

|  |  |
| --- | --- |
| Name: |  |
| Address:(inc postcode) |  |
| Email: |  |
| Telephone no: |  |
| Parent of: | (name) |
| (s-number, if known) |

It would be helpful to know a bit about you and why you would like to become a Parent Governor at Wilberforce College. If you wish to provide this information, please use the space provided below:

|  |
| --- |
|  |

I wish to nominate myself for the position of Parent Governor at Wilberforce College.

|  |  |
| --- | --- |
| Signed: |  |
| Dated: |  |

Please complete and return this form to Laura Skarratt, Clerk to the Corporation, at the following address:

FREEPOST RTJT-BUES-UHEE

Clerk to the Corporation

Wilberforce College

Saltshouse Road

HULL

HU8 8HD