

Please return to the Headteacher at Hollinswood Primary School & Nursery by Friday 24<sup>th</sup> January 2025.

**CANDIDATE NOMINATION FORM - PARENT GOVERNOR ELECTION**

I wish to serve as a Parent Governor and be a candidate if an election is necessary.

A personal statement of not more than 500 words is enclosed.

**First name/s** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signed** \_\_\_\_\_



(d) an order made under section 429 (2) (b) of the Insolvency Act 1986 (failure to pay under county court administration order);

- **I have not** been removed from the office of trustee for a charity by an order made by the Charity Commissioners or the High Court on the grounds of any misconduct or mismanagement in the administration of the charity for which I was responsible or to which I was privy or, to which I contributed or which I facilitated by my conduct or, under section 34 of the Charities and Trustee Investment (Scotland) Act 2005
- **I have not** been removed from being concerned in the management or control of any body (Section 128 check);
- **I am not** included in the list kept under section 1 of the Protection of Children Act 1999 of those persons considered by the Secretary of State as unsuitable to work with children;
- **I am not** subject to a direction of the Secretary of State under section 142 of the Education Act 2002 (or any other disqualification, prohibition or restriction which takes effect as if contained in such a direction), prohibiting or restricting my employment as a teacher, other employee or worker with children in any school (ISA list);
- **I am not** disqualified from working with children under sections 28, 29 or 29A of the Criminal Justice and Court Services Act 2000;
- **I am not** disqualified from registration under part 10A of the children Act 1989 for child minding or providing day care;
- **I am not** disqualified from registration under part 3 of the Childcare Act 2006;
- **I am not** disqualified from being the proprietor of or taking part in the management of any independent school;
- **I have not** been convicted, whether in the United Kingdom or \*elsewhere, of any offence and had passed upon me a sentence of imprisonment whether suspended or not:  
either,
  - In the five years prior to the date of this governorship for a period of not less than three months without the option of a fine or,
  - In the twenty years prior to the date of this governorship for a period of not less than two and a half years or,
  - At any time for a period of not less than five years.

(\*convictions by courts outside the United Kingdom for offences which would not have been an offence in any part of the United Kingdom can be disregarded).

- **I have not** been sentenced to a fine, in the five years prior to the date of this governorship, for causing a nuisance or disturbance on educational premises;
- **I am not** currently disqualified from holding or continuing to hold office as a governor by virtue of having refused a request by a clerk to a governing body to make an application under section 113 of the Police Act 1997 for a criminal records certificate. **Nor have I refused** such a request by the clerk to this governing body in relation to this governorship.
- **I understand that** upon receipt of the enhanced DBS certificate, I must present the original certificate to the person who processed the enhanced DBS so the information can be recorded on the Single Central Record maintained by the school (statutory requirement);
- **I understand that** I will be required to apply to the Disclosure & Barring Service (DBS for a disclosure of criminal records if any activities or actions provide "cause for concern".
- **I also understand that** failure to:
  - Submit a fully completed and signed declaration form;
  - Provide appropriate identification;
  - Consent to an Enhanced DBS check, List 99 and Section 128 check

will disqualify me from being elected or appointed or re-appointed as a governor.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DBS Number received: YES / NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NEW / REAPPOINTMENT