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## PARENT GOVERNOR NOMINATION FORM

Please complete this form in BLOCK CAPITALS

Nominee name: Nominee contact details: E-mail Address: Mobile Telephone Number: Nominee personal statement (maximum 250 words): What knowledge/skills from the following list can you bring to the role (please tick any which applies) Governance Knowledge of the local community Leadership Legal Strategic Management Financial Management Data Analysis Problem Solving Good Communication Skills Performance Management **Human Resources** Community Relations Staff Recruitment Premises/Purchasing **Chairing Meetings Quality Assurance** 

Safeguarding		Special Educational Needs
Procurement/Purchasing		Information Communication Technology
Health and Safety		Other (please provide details)
Declaration of Confirma	ation	
		I have read the Qualifications and Disqualifications serving as a school governor.
•	_	nis form can be recorded by Hammersmith Academy uals in accordance with the General Data Protection
In submitting this form, I am	prepared	to commit to the following:
<ul><li>attend regular meeting</li><li>visit the school throug</li><li>do some background</li></ul>	h governor	
attend occasional Aca	idemy annu	ongoing development (which will be provided for you) al events (for example, the Annual Achievement Evening) Records Bureau Check
If you are proposing a candida	ate for nomi	nation, please provide:
Proposer name and contac	t details:	
		E-mail Address:
		Mobile Telephone Number:
Nominee signature:		
Date:		