**NOMINATION FORM FOR THE ELECTION OF PARENT GOVERNOR**

|  |  |
| --- | --- |
| **Title:** |  |
| **Forename:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Parent/Carer of:** |  |

I wish to stand for election as a Parent Governor. The following parent/carer of a child/children attending the College supports my nomination:

|  |  |  |
| --- | --- | --- |
|  | **Name and Signature**  | **Address** |
| **Supported By** |  |  |
| **Parent/Carer of:** |

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

***Please return the completed nomination form to the Clerk to Governors,***

***Energy Coast UTC, Blackwood Road, Lillyhall, Workington, CA14 4JW by***

***Wednesday 23 February.***