

NOMINATION PAPER - ISLES OF SCILLY LEA

ELECTION OF A PARENT GOVERNOR REPRESENTATIVE TO THE CHILDREN'S COMMITTEE OF THE COUNCIL OF THE ISLES OF SCILLY

POSTAL BALLOT

We, the undersigned, being eligible parents for the Local Education Authority, do hereby nominate the undermentioned person as a candidate at the said election.

Candidate's Surname	Other Names in full	Home Address in full

SIGNATURES	NAMES IN CAPITALS ADDRESS	ELECTORAL NUMBER (Office Use Only)	office use only
Proposer:			
Seconder:			
Assenters:			
1			
2			
3			
4	OFFICE USE ONLY		

OFFICE USE ONLY						
No. of Paper in Order	Date Delivered	Time Delivered	Checked by:	Contact Name & Number		

CANDIDATE'S CONSENT TO NOMINATION

ELECTION OF A PARENT GOVERNOR REPRESENTATIVE FOR THE ISLES OF SCILLY LEA

POSTAL BALLOT

I, (name in full)

of (home address in full)

.....

hereby consent to my nomination as a candidate for election as Parent Governor Representative for the Isles of Scilly LEA.

I declare that on the day of my nomination I am qualified as a parent of a child between 4 and 18 years of age, not employed in any capacity by the Council of the Isles of Scilly nor am I an elected Member and that, if there is a poll, before the end of May 2016, I will remain so qualified.

(A)	My child(ren) are educated at the following educational establishment OR :
(B)	My child(ren) are educated otherwise:
(C)	My child(ren)'s date(s) of birth: 1: 2: 3: 4: 5: 6:

I declare that to the best of my knowledge and belief that I am not disqualified for being elected by reason of any disqualification set out in Statutory Instrument 2001 No. 478 The Parent Governor Representatives (England) Regulations 2001

FILLING IN THE NOMINATION FORM

Please do not be put off by what may seem like a complicated form!

This allows us to see that you have some support from like-minded parents and that you are eligible to stand as a Parent Governor Representative.

- 1 First of all, please make sure that you are qualified to stand. This means that your youngest child must not be over eighteen at the time of the election and for practicality, (because you immediately lose your place once your child is eighteen), that they will not pass their eighteenth birthday for at least six months.
- 2 Please make sure that you fill in both the front and back of the form and that the Proposer, Seconder and the four Assenters sign the form and print their names and addresses. They must also be parents of children under 18 and resident in the Islands.
- 3 You need to state how your child(ren) are educated. This may be at the Five Island School or you may send them to another establishment. Please fill in PART A. However, if you educate your child(ren) at home you need to fill in PART B and state the Inspection Body that assists you in education.
- 4 We would also like to know your child(ren)'s date(s) of birth, so put that in PART C.
- 5 The last bit is where you declare that to the best of your knowledge, you are eligible to stand for election as a Parent Governor Representative. Sign this in front of a witness (not your spouse, partner or other relative), Put the form in the prepaid envelope and return it to the Town Hall by **NOON on 20 April 2016**

Following receipt of your nomination, we will acknowledge its arrival. If there are more nominations than places by the closing date, there will be an election. The ballot will take place by post and if this is necessary, you will receive your ballot paper in week commencing Thursday 5 May 2016 for returning by 3.00 pm on Tuesday 17 May 2016.

If we can be of any help to you filling in this form, you want another form, or if you require more information, please don't hesitate to ring Sue Pritchard on 01720 424000 or 01720 424008