School Name:
1. Candidate Details
Full Name:
Address:
Email:
Telephone Number:
Name(s) of Child(ren) and Year Group(s):
Relationship to Child(ren):
relationing to orma(ron).
2. Eligibility (please tick ✓)
I am a parent/carer of a registered pupil at the school.
I am aged 18 or over.
I am not an elected member of a local authority.
I am not employed by the school (unless permitted).
I am not disqualified under The Mercian Trust Articles of Association.
3. Supporting Statement (maximum 100 words)
This statement will be shared with parents if an election is required.

I confirm that the information provided is correct, that I am eligible to serve as a Parent Governor, and that I am willing to be nomina

The Mercian Trust | Parent Governor Nomination Form

Signature: Date:

4. Declaration and Consent

## The Mercian Trust | Parent Governor Nomination Form (Page 2)

5. Equalities Monitoring (optional – for Trust monitoring only)
Gender:
Ethnicity:
Age Range:
Disability (Yes/No):
Occupation / Sector:
Please return this form as instructed in the covering letter or directly to governance@merciantrust orgula