

Nomination Form

Election of a Parent governor to the local Academy Committee Academy: Samuel Barlow Primary Academy Please note if you are an existing parent governor and your term of office is coming to an end you will need to compet			
		Title: (Mr/Mrs/Miss/Ms etc): Full name of nominee (block capitals): Address and postcode/email address:	
		Parent of:	Class:
governor.	nd confirm that I am eligible to be an Academy t to satisfactory references and DBS Check criteria.		
Signature:	Date:		
In the event of a ballot being needed, ple shown on the ballot form (mark as appro	ase indicate if you wish your address to be priate). Yes No		
If you wish, enter brief personal details of	f not more than 80 words . (See covering letter)		
Please declare any connection you may h employment or being a County Council m	ave with the Local Authority (through such as nember)		
This form must be returned to the Returnia email response to epaine@diverse-action by 10.00 am on 24/11/23	ning Officer [Clerk to the Academy Board] c.org.uk		
matters within DAT and if there is any requireme	that the information I have given will only be used for governance related ent for my data to be used for another purpose DAT will seek my permission shared or published. I understand and accept that Diverse Academies will retain firmation, unless I advise otherwise		

my information for 3-years from the date of this confirmation, unless I advise otherwise. <u>www.diverseacademies.org.uk/wp-content/uploads/sites/25/2018/08/GDPR.pdf</u>