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| **NOMINATION FORM FOR THE ELECTION OF PARENT GOVERNOR** | |
| **SCHOOL:** | **Crowle Primary Academy** |

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| **Name and address of parent nominated for election** | | | | | | | |
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| **Signature of person nominated** | | |  | | | |  |
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|  | **Name and address of proposer** | | |  |  | **Name and address of seconder** |  |
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| **Signature of proposer** | | | | | **Signature of seconder** | | |

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| **NOMINATED CANDIDATE’S BIOGRAPHICAL DETAILS:** |
| **Please state briefly why you wish to be a governor:** |
| **Please detail any skills and/or experience you have that you feel would benefit the role of governor:** |