



THE BILLERICAY SCHOOL

CARING ABOUT SUCCESS

Governor Candidate Form

Candidate Full Name	
Candidate Postal Address	
Candidate Email Address	
Candidate Telephone No.	
Candidate statement Please outline any skills and/or experience you have which are relevant to this position. Please indicate your commitment to undertaking training to acquire or develop the skills needed to be an effective Governor. Please use this opportunity to detail how you plan to contribute to the future work of the board.	

By completing this form you are confirming that you wish to submit your nomination for the election of Governor.

I confirm that I am willing to stand as a candidate for election as a Governor and that I am not disqualified from holding office for any reasons set out in the school Governance Regulations. I agree to any necessary checks being carried out in relation to child protection legislation.

Signed: _____ **Date:** _____