**PARENT GOVERNOR VACANCY**

Dear Parent/Carer,

I am writing to you to inform you of a Parent Governor vacancy on the Governing Body.

**Governing Body Strategic Functions**

- Ensure clarity of vision, ethos and strategic direction

- Hold the Headteacher to account

- Monitor the school’s finances

**No Qualifications Required**

No special qualifications are needed; the most important thing is to have a keen interest in the School and be prepared to play an active part in the Governing Body’s work. Free training is available for all governors and is currently delivered via webinar.

**Nominations**

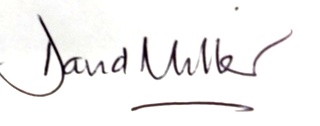
Nominations must be from parents or carers with children at the School. Parent/carers who have paid employment in the School for 500 or more hours per academic year or who are elected members of the Local Authority, are not eligible for nomination. If there are more nominations than vacancies, a secret ballot election will be carried out. We will inform you closer to the time if this is required.

**What To Do Next**

If you would like to stand for this vacancy please complete the attached nomination form and return or email it to the School Office, marked Parent Governor Vacancy, no later than **Friday 2 October**. Self-nominations will be accepted but if you are nominating another parent, please seek their prior consent.

If you would like to find out more about the role of a governor please do not hesitate to contact Kirsty Gilroy, Chair of Governors at [chairofgovernors@pebblebrookschool.com](mailto:chairofgovernors@pebblebrookschool.com)

Yours faithfully,



David Miller

Headteacher/Returning Officer

**PARENT GOVERNOR NOMINATION FORM**

Name of nominee:

Name of Proposer (if nominating a parent/carer):

If nominating a parent please confirm that the nominee is aware:

**Declaration of Nominee**

I can confirm that I am a parent or carer of a registered pupil at Pebble Brook and am not:

- An elected member of the Local Authority

- Paid to work at Pebble Brook for more than 500 hours in any consecutive 12-month period

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name if returning by e-mail