



L.E.A.D. Academy Trust

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Expression of Interest in standing as a **Parent Governor to The Glapton L.E.A.D.
Academy Governing Body**

Title: (Mr/Mrs/Miss/Ms etc.)

Full name: (block capitals)

Address and postcode:

Telephone number(s):

E Mail:

Parent of:

Class:

**Please give details if you are a Governor or employee at this or any other
School:**

***I understand that my election as a Parent Governor is subject to election by parents
of the school, Governor eligibility criteria, skills audit and DBS check.***

***I confirm that I have received, read and understood and that I meet the Governor
eligibility criteria.***

Signature:.....Date:.....

In the event of a ballot being needed, please indicate if you wish your address to be
shown on the ballot form. ☐ Yes No ☐ (*tick as appropriate).

****If you do not tick one of these boxes your address will be shown on the form.***



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Personal Statement (Not more than 160 words):

(please explain your reasons for wishing to be considered for appointment / election as a Parent Governor including why you believe your experience, skills and abilities may be helpful to the AGB and to the school)

