

Form 4: nomination form for parent member category

| |
|---|
| I wish to nominate <i>(name below)</i> |
| |
| for an elected position as a parent member on the school council. |

Candidate's details

| |
|------|
| Name |
| |

| |
|----------------------|
| Residential Address: |
| |

| |
|---|
| Contact phone <i>(mobile or landline)</i> : |
| |

| |
|--------|
| Email: |
| |

Nominators details

| |
|---|
| I am the parent/guardian of <i>(name below)</i> |
| |
| who is/are currently enrolled at this school. |

| Statement | Yes <i>(Mark with an x)</i> | No <i>(Mark with an x)</i> |
|---|--------------------------------|-------------------------------|
| The person I have nominated is: | | |
| an employee of the Department of Education. | | |
| an employee of the school council. | | |
| is engaged in work at and for the school. | | |

| |
|-------------------|
| Name of nominator |
| |

| |
|------------------------|
| Signature of nominator |
| |

| | |
|-------|--|
| Date: | |
|-------|--|

Candidate to complete

I accept the nomination and I am prepared to serve as a parent member of the above-named school council. I hereby declare that:

- I am not and have not been insolvent under administration within the last three years
- I am of sound mind
- I have not been found guilty of an offence that is, or would if committed in Victoria be, an indictable offence
- I am not a registrable offender within the meaning of the *Sex Offenders Registration Act 2004*.
- I am not suffering from any medical condition that would affect my ability to perform the role of member of a school council.