

GOVERNING BODY REQUEST FOR LOCAL AUTHORITY GOVERNOR NOMINATION

Name of School	
Address	
Chair of Governors	
Contact	Telephone: Email address:
Identified Skills Set	<i>With reference to the attached NGA Skills Audit and any additional governing body requirements</i>
Term of office (if other 4 years)	
Frequency and time of governing body meetings	Full governing Body meeting: Committees (if applicable)
Other eligibility criteria	e.g. copy of your Code of Conduct