

Resources for Clerks 2 - EAB Member Nomination Form

Appointment of Member to the Education Advisory Body

_____ Academy

Full Name of NOMINEE (BLOCK CAPITALS)

ADDRESS AND POSTCODE

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

Parent of:
(if applicable)

Class:

PLEASE STATE BELOW (USING NO MORE THAN 200 WORDS) YOUR REASON(S) FOR SEEKING TO BECOME AN EAB MEMBER AND ANY RELEVANT EXPERIENCE YOU WOULD BRING TO THIS ROLE FROM A COMMUNITY OR BUSINESS PERSPECTIVE

SIGNED.....

DATE.....

THIS FORM MUST BE RETURNED TO THE ACADEMY BY: