

**NOMINATION TO THE DEPARTMENT FOR FORMATION FOR THE APPOINTMENT OF A LAY
FOUNDATION GOVERNOR AT A SCHOOL OR COLLEGE UNDER THE TRUSTEESHIP
OF THE DIOCESE OF SALFORD**

To be completed by the nominee and returned via the parish priest or the Search Committee

Please complete in block capitals

| SCHOOL/COLLEGE | LOCAL AUTHORITY |
|--|------------------------|
| NAME: _____ (SR/MR/MRS/MISS/MS) | |
| ADDRESS: _____ _____ | |
| POST CODE: _____ | |
| Telephone No Work: _____ Home: _____ | |
| Are you a practising Roman Catholic? Yes/No CRB Declaration Yes/No | |
| Are you related to any member of staff employed at the school or college? Yes/No | |
| If yes, please state the relationship _____ | |
| Current Occupation _____ | |
| In which parish do you practice? _____ | |
| If you have children do they or have they attended the school/college for which you are applying to be a governor Yes/No | |
| Are you currently a governor of any other school or college? Yes/No If so the name(s) of these schools/colleges are: | |
| Signed: _____ Date: _____ | |
| To be completed by the Parish Priest or the Search Committee | |
| What contribution does the nominee make to the life of the parish? | |
| Is the nominee suitable for appointment? _____ | |
| Signed (Parish Priest) _____ Date: _____ | |
| Please send this completed form to: Mrs A Williams, Diocese of Salford, Cathedral Centre, 3 Ford Street, Salford M3 6DP | |