**Student Governor Nomination Form**

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| --- | --- |
| **Name of candidate** |  |
| **Home address** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Course** |  |
| **Proposer** |  |  |
| **Name (block capitals)** | **Signature** |
| **Seconder** |  |  |
| **Name (block capitals)** | **Signature** |
| **Candidate’s signature** |  |
| **Date** |  |
|  |  |
| **Please return the nomination form, along with your personal statement, to:**Gillian HayhurstGovernance DirectorSt Helen’s CampusWater StreetSt HelensWA10 1PP |
| **Deadline for nominations: noon on Wednesday 20 September 2023 (by email or internal mail)** |