NOMINATION FOR THE POSITION OF PARENT REPRESENTATIVE ON THE APPLECROSS PRIMARY SCHOOL BOARD

I wish to nominate myself as a Parent Representative on the Applecross Primary School Board:

Full Name: _____

Contact Details: _____

A one-page letter outlining my goals, aspirations, skills and commitment in joining the School Board is attached.

Declaration by Candidate:

I hereby nominate myself and, by direct appointment or election, I accept the responsibility of being a Parent Representative of the Applecross Primary School Board for a period of 24 (TWENTY-FOUR) months (2027/2028). Furthermore, I understand that:

- appointment to a School Board is conditional on having a National Police History Check processed through the Department of Education's Screening Unit;
- my name and date of birth will be uploaded to the Department of Education's CAB (Councils and Boards) Register to record screening, tenure and training details; and
- I agree to attend a Board Member Induction session and to complete the Professional Learning Mandatory Training online.

Signature of Candidate

Date: _____

For Office Use Only
New Member Nomination accepted:

*Chair*_____

*Principal*_____

Date _____

65 Kintail Road Applecross WA 6153 • Phone: 08 6274 1850
Emails: applecross.ps@education.wa.edu.au / applecross.ps.boardchair@education.wa.edu.au
Website: https://applecrossps.wa.edu.au/school-board