



**SACRED
HEART
SCHOOL**
TATURA

69-75 Hogan Street
Tatura VIC 3616
t. (03) 5824 1841 f. (03) 5824 2033
e. info@shtatura.catholic.edu.au
www.shtatura.catholic.edu.au

SACRED HEART SCHOOL TATURA School Advisory Council Parent Representative Nomination Form

I wish to nominate _____ for an elected position of Parent Representative on the School Advisory Council for a three year term.

NOMINATOR'S DETAILS

Name	
Signature	
Date	

NOMINEE'S DETAILS

Name	
Residential Address	
Contact Phone Number	
Email	
Relevant Experience & Expertise	
I am the parent/guardian of _____ who is/are currently enrolled at this school.	

NOMINEE TO COMPLETE

I accept the nomination and I am prepared to serve as a Parent member of the above-named School Advisory Council.

I hereby declare:

- I have a current Working with Children Check.

WWCC Number:

WWCC Expiry Date:

WWCC Type (please circle)

Volunteer

Employee

A copy is attached.

Nominee Name	
Signature	
Date	

You will be notified when your nomination has been received.

Personal information provided in this form is collected as part of the school board election nomination process. The information may be used to determine your eligibility as a nominee. Your personal information will be stored in accordance with the Sacred Heart Privacy and Records Management Policies.