|  |  |  |  |
| --- | --- | --- | --- |
| For Office Information | | | |
| **Form to be returned by Patron’s Representative to Patron** | | | |
| **Diocese:** | **Cloyne** | **School Name:** | Click here to enter text. |
|  |  | **School Address:** | Click here to enter text. |
| **County:** | **Cork** |  | Click here to enter text. |
|  |  |  | Click here to enter text. |
| **Parish:** | | **School Phone No:** | Click here to enter text. |
| Click here to enter text. | | **School Email:** | Click here to enter text. |
|  |  | **Roll Number:** | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Patron Nominees:** | | |
|  | **Nominee 1 – Chairperson** | **Nominee 2** |
| **Title:** | Click here to enter text. | Click here to enter text. |
| **Name:** | Click here to enter text. | Click here to enter text. |
| **Personal Address:** | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
| **Eircode:** | Click here to enter text. |  |
| **Personal Phone No:** | Click here to enter text. |  |
| **Email**  **Address:** | Click here to enter text. |  |
| **Was this person the Chairperson of the outgoing Board of Management? YES  or NO** | |  |
| **To be signed by incoming Chairperson:**  **As incoming Chairperson,**   * I give my permission to the Diocese of Cloyne to share my email address with the Catholic Primary School Management Association so that they may contact me in relation to school matters. * I give my permission to the Diocese of Cloyne to share my contact details with the Department Of Education and Skills using Form 1 - Patron’s Declaration Form.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chairperson (incoming) | | |
| **Elected Parent Nominees:** | | |
|  | **Parent 1** | **Parent 2** |
| **Title:** | Click here to enter text. | Click here to enter text. |
| **Name:** | Click here to enter text. | Click here to enter text. |
| **Personal Address:** | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
| I confirm that the election of the parent nominees to the Board of Management was conducted in accordance with **Appendix B** of the ***Governance Manual for Primary Schools 2019 – 2023*** using (Please tick relevant box):  **Option 1 of Appendix B**  **Option 2 of Appendix B** | | |
| **Principal /Acting Principal & Elected Teacher Nominee:** | | |
|  | **The Principal  Acting Principal** | **Elected Teacher** |
| **Title:** | Click here to enter text. | Click here to enter text. |
| **Name:** | Click here to enter text. | Click here to enter text. |
| **Address:** | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
| **Community Nominees:**  I confirm that all above members having considered the criteria in ***Appendix C***of the***Governance Manual for Primary Schools 2019-2023*** unanimously nominated the following for appointment to the Board of Management  Or  having held (please tick as appropriate) 1 or 2 or 3  additional meetings and failed to get agreement nominated the following by a majority of 5 to 1 | | |
| **Title:** | Click here to enter text. | Click here to enter text. |
| **Name:** | Click here to enter text. | Click here to enter text. |
| **Address:** | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |

**Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:

Patron’s Representative