**Part C: to be completed by the PCC (where appropriate) or Ex officio governor. Please see the attached protocol for the appointment of Foundation Governor which offers some guidance on the process.**

**Before completion please refer to your Instrument of Government**. If you require a copy please contact Susie Taylor on 0191 2704163 or susie.taylor@drmnewcanglican.org

**Complete for PCC/Trust Foundation Governor only**

After due process and at a meeting of (insert name of PCC):

…………………………………………………………………………………………………….……..

Date of meeting: ……………………………………………..

It was agreed to nominate:

………………………………………………………………………………………………….……….

To replace (If applicable):

……………………………………………………………………………………………….………….

Signed: ……………………………………………………….

Name in block capitals ………………………………………………………………………………………………..………….

Position: …………………………………………………….. Date: ………………………………

**Complete for DBE appointed Foundation Governor only**

I confirm I am happy to support the appointment of:

………………………………………………………………………………………………..………….

As a DBE Foundation Governor:

To replace (If applicable):

………………………………………………………………………………………………..………….

Signed by Ex officio:

………………………………………………………………………………………………..………….

Name in block capitals:

………………………………………………………………………………………………..………….

Position: ………………………………………………………