

Name:	Tani Cillespe
School:	Tre Rock Accorded Trust
Position:	Trostee
n C. \\	owing personal and/or pecuniary interest(s):

Pecuniary interests	Please provide details of the interest
Current employment	NIA
Businesses (of which I am a partner or sole proprietor)	NIA
Company directorships – details of all companies of which I am a director	NIA
Charity trusteeships – details of all companies of which I am a trustee	Alla
Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management	NIA
Gifts or hospitality offered to you by external bodies while acting in your position as a governor/trustee and whether this was declined or accepted in the last 12 months	MA
Contracts offered by you for the supply of goods and/or services to the trust/school	NA
Any other conflict	NA

Personal interests	Name	Relationship to me	Organisation	Nature of the interest
Immediate family/close connections to governor/trustee	NA			
Company directorships or trusteeships of family/close connections to governor/trustee	NIA.			

If you are a governor/trustee/member of any other schools and/or academies, please provide details below:

Name of school/academy:	NA.
Position held:	
Date appointed/elected to post:	
Date of termination to post:	

Insurance

The insurance declaration below is to allow us to buy insurance to protect governors from claims of negligence or liability as a result of their role as a Governor/Member/Trustee of the Academy.

I confirm that, I have not; been declined insurance, been barred from being a director, had a criminal conviction.

I am not aware of any circumstance or incident which may give rise to a claim.

Signed:

To the best of my knowledge the information supplied above is correct and complete. I understand that it is my responsibility to declare any conflict of interest/loyalty, business or personal that relates directly or indirectly, to myself or any relation in any contract, proposed contract or other matter when present at a meeting at the school where such contract or matter comes under consideration. I understand that I must withdraw from any meeting during the discussion of such contract or matter and must not vote in respect of it.

I agree to review and update this declaration annually and give consent for the information provided to be used in accordance with the trust/school's conflicts of interest policy.

Signed:

Date:

10 Sep 18.



Name:	CLIVE ZIMMERMAN
School:	LPA (APS
Position:	EXEC PRINCIPAL
	declare as a Governor/Trustee/Member of

Pecuniary interests	Please provide details of the interest
Current employment	EXEC PRINCIPAL FOR THE TRUST
Businesses (of which I am a partner or sole proprietor)	None
Company directorships – details of all companies of which I am a director	NONE
Charity trusteeships – details of all companies of which I am a trustee	NoviE
Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management	NONE
Gifts or hospitality offered to you by external bodies while acting in your position as a governor/trustee and whether this was declined or accepted in the last 12 months	None
Contracts offered by you for the supply of goods and/or services to the trust/school	NONE
Any other conflict	None

Personal interests	Name	Relationship to me	Organisation	Nature of the interest
Immediate family/close connections to governor/trustee	NA			
Company directorships or trusteeships of family/close connections to governor/trustee	NA			

0				99		
If you are a g		r/trustee/membe	r of any o	other sch	ools and/or acade	mies, please provide
Name of sch	ool/aca	demv:		~18	+	
Position held						
Date appoin					,	
Date of term	ination	to post:				
<u>Insurance</u>						
					urance to protect g a Governor/Memb	
insurance, b had a crimin	een bar al convi	e not; been declin red from being a ction. ny circumstance o	director,	Signed:	I Zimenc	
		give rise to a clair				
that it is my redirectly or ind when present understand thand must not a larger to revieus to revie	esponsib lirectly, at a med at I mus vote in r	ility to declare any to myself or any reting at the school at withdraw from a respect of it.	conflict or relation in where such any meeting	f interest, any cont ch contrac ng during f nally and g	/loyalty, business o ract, proposed coret or matter comes the discussion of surive consent for the	omplete. I understand r personal that relates stract or other matter under consideration. I ach contract or matter information provided
Signed:		I Zinne				-
Datas		10/9/18				



Name:	Corinsa	MAZZOTTA	
School:			
Position:	Tribee		
		as a Governor/Trustee/Member of The Port or pecuniary interest(s):	Acaden Es that I

Pecuniary interests	Please provide details of the interest
Current employment	NIL
Businesses (of which I am a partner or sole proprietor)	NIL
Company directorships – details of all companies of which I am a director	NIL
Charity trusteeships – details of all companies of which I am a trustee	NIL
Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management	N11
Gifts or hospitality offered to you by external bodies while acting in your position as a governor/trustee and whether this was declined or accepted in the last 12 months	~1~
Contracts offered by you for the supply of goods and/or services to the trust/school	NIL
Any other conflict	NIL

Personal interests	Name	Relationship to me	Organisation	Nature of the interest
Immediate family/close connections to governor/trustee				
Company directorships or trusteeships of family/close connections to governor/trustee		9. ° «		

Company				
			1	
directorships or				
trusteeships of				
family/close				
connections to				
governor/trustee		40 W		
If you are a govern	or/trustee/memb	er of any other so	hools and/or acad	emies, please pr
Name of school/aca	demy:			= -X-7
Position held:	######################################	***		
Date appointed/elec				
Date of termination	to post:			~
Incurance				
Insurance				
The insurance decla	eration below is to	allow us to huv in	surance to protect	governors from
			4	
claims of negligence	or hability as a re	suit of their role as	a Governor/Iviem	ber/ i rustee of th
Academy.				
I confirm that, I have			:	
insurance, been bar	_	director,	OLI	
had a criminal convi			4/00	7
I am not aware of ar	ny circumstance o	r incident		
	to a claim			
which may give rise	to a ciaiiii.			
which may give rise	to a claim.			
which may give rise	to a ciaiiii.	4 5%		
To the best of my kn that it is my responsi directly or indirectly, when present at a m I understand that I matter and must not	owledge the informality to declare and to myself or any eeting at the school must withdraw fr	y conflict of interest relation in any control of where such control om any meeting d	t/loyalty, business of stract, proposed col act or matter come	or personal that re ntract or other m s under considera
To the best of my kn that it is my responsi directly or indirectly, when present at a m I understand that I matter and must not	owledge the informal post of the compact of the com	y conflict of interest relation in any control where such control om any meeting dit.	t/loyalty, business of tract, proposed con act or matter come uring the discussio	or personal that re ntract or other m is under considera in of such contra
To the best of my kn that it is my responsi directly or indirectly, when present at a mill understand that I matter and must not I agree to review and	owledge the informal bility to declare and to myself or any eeting at the school must withdraw froute in respect of update this declar	y conflict of interest relation in any control where such control om any meeting dit.	t/loyalty, business of tract, proposed con act or matter come uring the discussion give consent for the	or personal that re ntract or other m is under considera in of such contra
To the best of my kn that it is my responsi directly or indirectly, when present at a m I understand that I matter and must not	owledge the informal bility to declare and to myself or any eeting at the school must withdraw froute in respect of update this declar	y conflict of interest relation in any control where such control om any meeting dit.	t/loyalty, business of tract, proposed con act or matter come uring the discussion give consent for the	or personal that re ntract or other m is under considera in of such contrac
To the best of my kn that it is my responsi directly or indirectly, when present at a mill understand that I matter and must not I agree to review and	owledge the informal bility to declare and to myself or any eeting at the school must withdraw froute in respect of update this declar	y conflict of interest relation in any control where such control om any meeting dit.	t/loyalty, business of tract, proposed con act or matter come uring the discussion give consent for the	or personal that re ntract or other man s under considera n of such contrac
To the best of my kn that it is my responsi directly or indirectly, when present at a mill understand that I matter and must not I agree to review and	owledge the informal bility to declare and to myself or any eeting at the school must withdraw froute in respect of update this declar	y conflict of interest relation in any control where such control om any meeting dit.	t/loyalty, business of tract, proposed con act or matter come uring the discussion give consent for the	or personal that re ntract or other man s under considera n of such contrac
To the best of my kn that it is my responsi directly or indirectly, when present at a m I understand that I matter and must not I agree to review and to be used in accorda	owledge the informal bility to declare and to myself or any eeting at the school must withdraw froute in respect of update this declar	y conflict of interest relation in any control where such control om any meeting dit.	t/loyalty, business of tract, proposed con act or matter come uring the discussion give consent for the	or personal that re ntract or other man s under considera n of such contrac
To the best of my kn that it is my responsi directly or indirectly, when present at a mill understand that I matter and must not I agree to review and	owledge the informal bility to declare and to myself or any eeting at the school must withdraw froute in respect of update this declar	y conflict of interest relation in any control where such control om any meeting dit.	t/loyalty, business of tract, proposed con act or matter come uring the discussion give consent for the	or personal that re ntract or other man s under considera n of such contrac



	Louise Bouteiller	
Name:		
	Park Academies Trust	
School:		
	Trustee	
Position:		

ILouise Bouteiller., declare as a Governor/Trustee/Member of ...The Park Academies Trust...... that I hold the following personal and/or pecuniary interest(s):

Pecuniary interests	Please provide details of the interest
r country interests	Flease provide details of the interest
Current employment	n/a
Businesses (of which I am a partner or sole proprietor)	SB Nexus Ltd – no interest
Company directorships – details of all companies of which I am a director	SB Nexus Ltd – no interest
Charity trusteeships – details of all companies of which I am a trustee	n/a
Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management	n/a
Gifts or hospitality offered to you by external bodies while acting in your position as a governor/trustee and whether this was declined or accepted in the last 12 months	n/a
Contracts offered by you for the supply of goods and/or services to the trust/school	n/a
Any other conflict	n/a

Personal interests	Name	Relationship to me	Organisation	Nature of the interest
Immediate family/close connections to governor/trustee				n/a
Company directorships or trusteeships of family/close connections to governor/trustee				n/a

connections to governor/trustee				
If you are a gove details below:	rnor/trustee/membe	r of any other so	chools and/or acad	lemies, please provide
Name of school/a	academy:			
Date appointed/e				
Date of terminati	on to post:			
<u>Insurance</u>				
	claration below is to ce or liability as a res			
insurance, been had a criminal colling I am not aware of	nave not; been declin barred from being a priviction. If any circumstance c nay give rise to a clain	director,	l:	
that it is my respondirectly or indirectly when present at a	nsibility to declare any tly, to myself or any meeting at the school must withdraw from a	 conflict of interererelation in any collimate where such cont 	st/loyalty, business ntract, proposed co ract or matter come	complete. I understand or personal that relates ontract or other matter es under consideration. I such contract or matter
I agree to review a to be used in accor	nd update this declar rdance with the trust/	ation annually and school's conflicts	d give consent for the of interest policy.	ne information provided
Signed:				
Date:	1/9/18			



AMY ARMSTRONG

School: THE PARK ACAD	EMIES TRUST
Position: TRUSTEE	
AMY ARMS TRONG declare as a Gornold the following personal and/or pecuni	vernor/Trustee/Member of The Park Academies that I Trust
Pecuniary interests	Please provide details of the interest
Current employment	SWINDON BOROUGH COUNCIL
Businesses (of which I am a partner or sole proprietor)	
Company directorships – details of all companies of which I am a director	
Charity trusteeships – details of all companies of which I am a trustee	
Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management	
Gifts or hospitality offered to you by external bodies while acting in your position as a governor/trustee and whether this was declined or accepted in the last 12 months	
Contracts offered by you for the supply of goods and/or services to the trust/school	
Any other conflict	

Personal interests	Name	Relationship to	Organisation	Nature of the interest
		me		
Immediate				
family/close				
connections to				
governor/trustee				
		•		
Company				
directorships or				
trusteeships of			_	
family/close				
connections to				
governor/trustee		-		

If you are a governor/trustee/me details below:	ber of any other schools and/or academies, please provide
Name of school/academy: Position held:	
Date appointed/elected to post: Date of termination to post:	
Insurance	

The insurance declaration below is to allow us to buy insurance to protect governors from claims of negligence or liability as a result of their role as a Governor/Member/Trustee of the Academy.

I confirm that, I have not; been declined insurance, been barred from being a director, had a criminal conviction.

I am not aware of any circumstance or incident which may give rise to a claim.

Signed:

To the best of my knowledge the information supplied above is correct and complete. I understand that it is my responsibility to declare any conflict of interest/loyalty, business or personal that relates directly or indirectly, to myself or any relation in any contract, proposed contract or other matter when present at a meeting at the school where such contract or matter comes under consideration. I understand that I must withdraw from any meeting during the discussion of such contract or matter and must not vote in respect of it.

I agree to review and update this declaration annually and give consent for the information provided to be used in accordance with the trust/school's conflicts of interest policy.

Signed: 28/01/2019.



Name:	MARK ANTHONY EDWARDS	
School:	ABBEY PARK SCHOOL	
Position:	TRUSTEE / CHAIR OF THE ABBEY PARK IEB	*

I MARK ANOTHNY EDWARDS declare as a Governor/Trustee/Member of THE PARK ACADEMIES TRUST, that I hold the following personal and/or pecuniary interest(s):

Pecuniary interests	Please provide details of the interest
Current employment	EMPLOYED BY BP.
Businesses (of which I am a partner or sole proprietor)	N/A
Company directorships – details of all companies of which I am a director	DIRECTOR – MADISON WALK II MANAGEMENT COMPANY DIRECTOR – MILLER PLACE MANAGEMENT COMPANY
Charity trusteeships – details of all companies of which I am a trustee	TRUSTEE – FIRST SWINDON SEA SCOUTS
Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management	N/A
Gifts or hospitality offered to you by external bodies while acting in your position as a governor/trustee and whether this was declined or accepted in the last 12 months	N/A
Contracts offered by you for the supply of goods and/or services to the trust/school	N/A
Any other conflict	N/A

Personal interests	Name	Relationship to me	Organisation	Nature of the interest
Immediate family/close connections to governor/trustee	OLIVER EDWARDS CHARLOTTE EDWARDS JACOB EDWARDS	CHILDREN	RED OAKS PRIMARY SCHOOL	PUPILS
Company directorships or trusteeships of family/close connections to governor/trustee	DEBBIE EDWARDS	WIFE	FRIENDS OF RED OAKS	TREASURER

I confirm that, I have not; been declined insurance, been barred from being a director, had a criminal conviction. I am not aware of any circumstance or incident which may give rise to a claim. To the best of my knowledge the information supplied above is correct and complete. I underst that it is my responsibility to declare any conflict of interest/loyalty, business or personal that red directly or indirectly, to myself or any relation in any contract, proposed contract or other may when present at a meeting at the school where such contract or matter comes under consideral I understand that I must withdraw from any meeting during the discussion of such contract matter and must not vote in respect of it.	family/close connections governor/tru	to				
Position held: Date appointed/elected to post: Date of termination to post: Insurance The insurance declaration below is to allow us to buy insurance to protect governors from claims of negligence or liability as a result of their role as a Governor/Member/Trustee of the Academy. I confirm that, I have not; been declined insurance, been barred from being a director, had a criminal conviction. I am not aware of any circumstance or incident which may give rise to a claim. To the best of my knowledge the information supplied above is correct and complete. I underst that it is my responsibility to declare any conflict of interest/loyalty, business or personal that rel directly or indirectly, to myself or any relation in any contract, proposed contract or other may when present at a meeting at the school where such contract or matter comes under consideral understand that I must withdraw from any meeting during the discussion of such contract matter and must not vote in respect of it. I agree to review and update this declaration annually and give consent for the information provious be used in accordance with the trust/school's conflicts of interest policy.			/member of any	other so	hools and/or acad	lemies, please pro
Date of termination to post: Insurance		-	N/A			
The insurance declaration below is to allow us to buy insurance to protect governors from claims of negligence or liability as a result of their role as a Governor/Member/Trustee of the Academy. I confirm that, I have not; been declined insurance, been barred from being a director, had a criminal conviction. I am not aware of any circumstance or incident which may give rise to a claim. To the best of my knowledge the information supplied above is correct and complete. I underst that it is my responsibility to declare any conflict of interest/loyalty, business or personal that rel directly or indirectly, to myself or any relation in any contract, proposed contract or other may when present at a meeting at the school where such contract or matter comes under consideral I understand that I must withdraw from any meeting during the discussion of such contract matter and must not vote in respect of it. I agree to review and update this declaration annually and give consent for the information provito be used in accordance with the trust/school's conflicts of interest policy.	Date appoint	ted/elected to pos	ot:			
The insurance declaration below is to allow us to buy insurance to protect governors from claims of negligence or liability as a result of their role as a Governor/Member/Trustee of the Academy. I confirm that, I have not; been declined insurance, been barred from being a director, had a criminal conviction. I am not aware of any circumstance or incident which may give rise to a claim. To the best of my knowledge the information supplied above is correct and complete. I underst that it is my responsibility to declare any conflict of interest/loyalty, business or personal that rel directly or indirectly, to myself or any relation in any contract, proposed contract or other may when present at a meeting at the school where such contract or matter comes under consideral I understand that I must withdraw from any meeting during the discussion of such contract matter and must not vote in respect of it. I agree to review and update this declaration annually and give consent for the information provito be used in accordance with the trust/school's conflicts of interest policy.	Insurance					
To the best of my knowledge the information supplied above is correct and complete. I underst that it is my responsibility to declare any conflict of interest/loyalty, business or personal that rel directly or indirectly, to myself or any relation in any contract, proposed contract or other may when present at a meeting at the school where such contract or matter comes under consideral I understand that I must withdraw from any meeting during the discussion of such contract matter and must not vote in respect of it. I agree to review and update this declaration annually and give consent for the information provito be used in accordance with the trust/school's conflicts of interest policy.	Academy. I confirm that insurance, be had a crimin	at, I have not; bee een barred from al conviction.	n declined being a director,	Signed		
that it is my responsibility to declare any conflict of interest/loyalty, business or personal that rel directly or indirectly, to myself or any relation in any contract, proposed contract or other may when present at a meeting at the school where such contract or matter comes under considerate I understand that I must withdraw from any meeting during the discussion of such contract matter and must not vote in respect of it. I agree to review and update this declaration annually and give consent for the information provito be used in accordance with the trust/school's conflicts of interest policy.	which may g	ive rise to a claim				,
to be used in accordance with the trust/school's conflicts of interest policy.	that it is my directly or ir when preser I understand	responsibility to de adirectly, to mysel at at a meeting at I that I must with	eclare any conflict f or any relation the school where ndraw from any	of interes in any co such cont	st/loyalty, business ntract, proposed co ract or matter com	or personal that rel ontract or other ma es under considera
Signed:	I agree to ret to be used in	view and update to accordance with	his declaration an the trust/school's	nually and conflicts (I give consent for the of interest policy.	ne information prov
	Signed:	18				



Name:	Scott Robins	
Trubt: school:	The Pan Academie Trus	(TPAT)
Position:	Truster	
ı	TPA Illowing personal and/or pecuniary interest(s):	+ T that I

Pecuniary interests	Please provide details of the interest
Current employment	N/A
Businesses (of which I am a partner or sole proprietor)	NA
Company directorships – details of all companies of which I am a director	N/A
Charity trusteeships – details of all companies of which I am a trustee	N/A
Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management	V/A
Gifts or hospitality offered to you by external bodies while acting in your position as a governor/trustee and whether this was declined or accepted in the last 12 months	N/A
Contracts offered by you for the supply of goods and/or services to the trust/school	NIA
Any other conflict	

Personal interests	Name	Relationship to me	Organisation	Nature of the interest
Immediate family/close connections to governor/trustee				
Company directorships or trusteeships of family/close connections to governor/trustee				

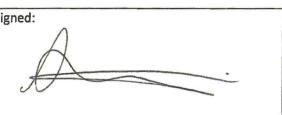
If you are a governor/trustee/m details below:	ember of any other schools and/or academies, please provide
Name of school/academy: Position held: Date appointed/elected to post: Date of termination to post:	

Insurance

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I confirm that, I have not; been declined insurance, been barred from being a director, had a criminal conviction.

I am not aware of any circumstance or incident which may give rise to a claim.



To the best of my knowledge the information supplied above is correct and complete. I understand that it is my responsibility to declare any conflict of interest/loyalty, business or personal that relates directly or indirectly, to myself or any relation in any contract, proposed contract or other matter when present at a meeting at the school where such contract or matter comes under consideration. I understand that I must withdraw from any meeting during the discussion of such contract or matter and must not vote in respect of it.

I agree to review and update this declaration annually and give consent for the information provided to be used in accordance with the trust/school's conflicts of interest policy.

Signed:

Date:

5/9/2018



Name:	FREDERICK TOHN CHILD
School:	PARKS ACADEMIES TRUST
Position:	TRUSTER
Frederick J	The Child, declare as a Governor/Trustee/Member of PM Academies Trust that I wing personal and/or pecuniary interest(s):

Pecuniary interests	Please provide details of the interest
Current employment	Retired
Businesses (of which I am a partner or sole proprietor)	Hone
Company directorships – details of all companies of which I am a director	None
Charity trusteeships – details of all companies of which I am a trustee	None
Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management	Fellow BRITISH INSTITUTE OF FACILITIES MANAGEMENT Member of 41 cmb Member Frends of Ratory
Gifts or hospitality offered to you by external bodies while acting in your position as a governor/trustee and whether this was declined or accepted in the last 12 months	Mone
Contracts offered by you for the supply of goods and/or services to the trust/school	Hone
Any other conflict	Nove

Personal interests	Name	Relationship to me	Organisation	Nature of the interest
Immediate family/close connections to governor/trustee	Mone			
Company directorships or trusteeships of family/close connections to governor/trustee	None		*	ŧ

If you are a governor/trustee/medetails below:	ember of any	other	schools	and/or	academies,	please	provide
Name of school/academy: Position held:	1	7			g 3 2 2 2	^(K) 3	2
Date appointed/elected to post: Date of termination to post:							

<u>Insurance</u>

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I confirm that, I have not; been declined insurance, been barred from being a director, had a criminal conviction.

I am not aware of any circumstance or incident which may give rise to a claim.

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I agree to review and update this declaration annually and give consent for the information provided to be used in accordance with the trust/school's conflicts of interest policy.

Signed:

Date:



	Dave Allen	
Name:		
	tpat	
School:		
	trustee	
Position:		
Davie .	1:50/	
I.IJAUC /	4005N, declare as a Governor/Trustee/Member of	1
hold the folio	owing personal and/or pecuniary interest(s):	

Pecuniary interests	Please provide details of the interest
Current employment	none
Businesses (of which I am a partner or sole proprietor)	Premier services/ premier water softeners
Company directorships – details of all companies of which I am a director	As above
Charity trusteeships – details of all companies of which I am a trustee	none
Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management	none
Gifts or hospitality offered to you by external bodies while acting in your position as a governor/trustee and whether this was declined or accepted in the last 12 months	none
Contracts offered by you for the supply of goods and/or services to the trust/school	none
Any other conflict	none

Personal interests	Name	Relationship to me	Organisation	Nature of the interest
Immediate family/close connections to governor/trustee	none			
Company directorships or trusteeships of family/close connections to governor/trustee	none			

If you are a governor/trustee/member of any other schools and/or academies, please provide details below:

Name of school/academy:	tpat	
Position held:	trustee	
Date appointed/elected to post:		
Date of termination to post:		

insurance

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I am not aware of any circumstance or incident which may give rise to a claim.

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Signed:	nu -	
	01/09/18	
Date:		AL TIMALOUS ALEMENTS



	Alastair Dixon-Patterson		
Name:			
	Trust		
School:			
	Director of Finance and Operations		
Position:			

I Alastair Dixon-Patterson, declare as a Governor/Trustee/Member of The Park Academies Trust that I hold the following personal and/or pecuniary interest(s):

Pecuniary interests	Please provide details of the interest
Current employment	DFO at The Park Academies Trust
Businesses (of which I am a partner or sole proprietor)	none
Company directorships – details of all companies of which I am a director	Padham Properties Limited
Charity trusteeships – details of all companies of which I am a trustee	none
Membership of professional bodies, membership organisations, public bodies or special interest groups of which I am a member and have a position of general control or management	ISBL (Institute of School Business Leadership)
Gifts or hospitality offered to you by external bodies while acting in your position as a governor/trustee and whether this was declined or accepted in the last 12 months	none
Contracts offered by you for the supply of goods and/or services to the trust/school	none
Any other conflict	no

Personal interests	Name	Relationship to me	Organisation	Nature of the interest
Immediate family/close connections to governor/trustee	n/a			
Company directorships or trusteeships of family/close connections to governor/trustee	n/a			

trusteeships of family/close connections to governor/truste						
If you are a go details below:	vernor/trustee/me	ember of any o	other schools	and/or acade	mies, please p	orovide
Name of school	l/academy:	n/a				
Position held:	d/elected to post:					
Date appointed						
<u>Insurance</u>						
	declaration below					
	ence or liability as	a result of the	ir role as a Go	overnor/Memb	er/Trustee of	tne
Academy.						
I confirm that,	, I have not; been o	declined		ſ		
	en barred from bei	ing a director,	/	Anna Contractor of the Contrac		
had a criminal			Signed:			
1	e of any circumsta		Signeu.			
incident which	n may give rise to a	d Cidiiii.				
				4		
that it is my residirectly or indiring when present a understand that	my knowledge the ponsibility to decla rectly, to myself or tameeting at the still must withdraw fote in respect of it.	re any conflict of any relation in school where su	of interest/loy any contract och contract o	alty, business on t, proposed con r matter comes	or personal that ntract or other under conside	relates matter ration. I
I agree to review to be used in ac	w and update this o cordance with the	declaration annu trust/school's c	ually and give conflicts of into	consent for the erest policy.	e information p	rovided
Signed:	A				_	
	10.09.2018					
Date:						