

THE SALTERNS ACADEMY TRUST REGISTER POLICY

1. Purpose and Scope

This policy details how 'The Salterns Academy Trust' responds to the requirement placed upon it within its Articles of Association, Header Funding Agreement and Individual School Funding Agreements to maintain a Membership Register for its members, directors and governors and a Conflict of Interest Register for all its key decision-making members, directors, governors and staff. The trust has decided to address both these requirements through a single register. This policy describes how this register is structured, presented and maintained. Guidance contained within the following documents has also been used:

- DfE Governors Handbook
- DfE Academies Financial Handbook 2014
- Charity Commission - Conflicts of interest: a guide for It is applicable to the trust and all its schools as defined within The Salterns Academy charity trustees
- Trust Operational Framework.

2. Roles and Responsibility

The Salterns Academy Trust Board of Directors and Local School Governing Bodies are responsible for ensuring that the Trust Membership and Conflict of Interest Register is maintained in accordance with the requirements of this policy. The day to day management of the register will be undertaken by the Lead Clerk to the trust.

The Chair of the Board of Directors, Chairs of the Local Governing Bodies, Executive Headteacher and School Headteachers are responsible for making Trust Members, Trust Directors, School Governors and key trust employees aware of this policy and the need to complete a Trust Membership/Conflict of Interest Statement when appropriate. Each of these groups is fully defined below.

3. Policy

3.1 All trust members, directors, school governors and key trust employees shall complete a Trust Membership/Conflict of Interest Statement for inclusion in the Trust Membership/Conflict of Interest Register.

3.2 Additionally relatives and close friends of any of the persons defined in para 3.1 shall be asked to complete the Conflict of Interest Statement questions where a potential conflict of interest as defined below arises.

3.3 The definition for each of the groups detailed above is as follows:

- Trust Members: the members of the 'The Salterns Academy Trust'. This includes any associate members to the trust.
- Directors: the directors of 'The Salterns Academy Trust Board of Directors'. This includes any associate members to the board of directors.
- School Governors: all the governors comprising the Local Governing Bodies for each of the trusts schools. This includes any associate members to the Local Governing Bodies.
- Key Trust Employees: All employees who are authorised through the trust delegation of authority hierarchy to commit funds or commit to contractual requirements on behalf of the trust. These individuals only complete the Conflict of Interest element of the Trust Membership/Conflict of Interest Statement unless they are also a director or governor.
- Relatives and Close Friends: Any immediate relative or very close friend of any of the above where a possible conflict of interest as defined below may exist.

3.4 A single register shall be maintained for The Salterns Academy Trust. This will be co-ordinated by the Chair of the Board of Directors supported by the Clerk to Trust.

- 3.5 The register shall be made available for external viewing through the trust and school websites. Personal addresses shall not be made available for public viewing.
- 3.6 The 'Trust membership/Conflict of Interest Statement' shall be used to detail potential conflicts of interest by addressing the following statements/questions:
- I am a Member of the following Bodies within the Trust. More than one option exists and can be indicated by each individual as sometimes persons qualify under more than one criteria. (e.g. the Executive Headteacher qualifies as an associate member of the trust, as a director, as a governor and as a key employee).
 - My Personal Details. Basic personal details including original register record date and latest amendment date.
 - Name any other charity or educational establishment where you are employed or act as a trustee/governor.
 - Name any business where you are a shareholder, director or employee that may conduct business with the trust
 - Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?
 - Is there any other conflict of interest that you are aware of?
 - Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.
- 3.7 The 'Trust Membership/Conflict of Interest Statement' shall also be used to record that members, directors and governors agree that the trust may upon request from the Secretary of State for Education provide their personal details to the Secretary of State for Education.
- 3.8 When individuals leave the trust their Conflict of Interest Statement shall be held on record until the end of the following financial year.
- 3.9 The 'Trust Membership/Conflict of Interest Register' shall comprise two sections:
- Part 1 shall be a summary of each named person under the following headers. Individuals under each heading shall be listed alphabetically.
 - Trust Members
 - Trust Board Directors
 - ALNS Local Governing Body
 - Trafalgar Local Governing Body
 - Key ALNS Staff Members
 - Key Trafalgar Staff Members
 -
 - Part 2 will contain the individual 'Trust Membership/Conflict of Interest Statements'.
- 3.10 The pro forma for Part 1 of the register is as per Annex 1 of this policy. The pro forma for Part 2 of the register is as per Annex 2 of this policy. The pro forma for the Trust Membership/Conflict of interest Statements is as per Annex 3 of this policy.

The Salterns Academy Trust Membership/Conflict of Interest Register

Part 1: Summary of Conflict of Interest Statements on Record

The Salterns Academy Trust has several layers of governance and all individuals who serve or are associates to them are required to declare any possible conflicts of interest that they may have.

The trust maintains this single register which is available through the trust and individual school websites of all such persons. This section of the document summarises alphabetically all individuals under each group heading. Each group is fully defined within the Trust Conflict of Interest Policy.

The Salterns Academy Trust

Full Members: David Giles
Mike Park
Scott Tavinor
(Independent member: 2 x vacancies)

Associates: Steven Labedz
Adrian Parry

Others on record: Nil

The Salterns Academy Trust Board

Directors: Amanda Barrett
Claire Copeland
Andrew Cree
Felicia Drummond
Nys Hardingham
Paul Hayes
Steven Labedz
Tania Osborne
Maria Phillips
Sue Wilson
(Trust Appointee: 1 vacancy)

Associates: Adrian Parry (Audit Committee)

Others on record: Nil

ALNS Local Governing Body

Governors:	Adetola Adebessin	(Staff)
	Jane Beecher	(Directors Appointee)
	Nys Hardingham	(Headteacher)
	Tina Henley	(Co-opted)
	Emma Hughes	(Staff)
	Tania Osborne	(Parent)
	Robin Parr	(Parent)
	Toby Simmonds	(Co-opted)
	Helen Surawy	(Staff)
	Haden Taylor	(Directors Appointee)
	Nathan Waites	(Parent)
	Justeen White	(Co-opted)
	<i>(Directors Appointee: vacancy)</i>	

Associates: Christopher Doherty (Senior Deputy Headteacher)
 Matthew Hutton (Deputy Headteacher)

Others on record: as in Key ALNS Staff members

Trafalgar Governing Body

Governors: Richard Barlow (Co-opted)
 Julie Barratt (Co-opted)
 Joanne Bennett (Parent)
 Claire Copeland (Headteacher)
 Frank Jonas (Co-opted)
 Tracy Kyle (Parent)
 Steven Labedz (Executive Headteacher)
 Luan Meades (Parent)
 Stacey Ryan (Staff)
 Sue Wilson (Directors Appointee)
(Directors Appointee: vacancy)

Associates: Nil

Others on record: As in Key Trafalgar Key Staff Members

Key Trust Staff Members

Karen Tyrrell	Finance Manager
Roberta Young	Director of Human Resources

Key ALNS Staff Members

Gianni Angio	Catherine Green
Lloyd Aquilina	Katie Holness
Rebecca Britti	Steven Johnson
Davina Cherry	Lewis Kemp
Sarah Cooper	Lee Morgan
Samantha Easson	Seonaid Oswald
Vanessa Etherington	Gerard Rogers
Stephen Fenner	Tara Smith
John Firth	Julia Wisbey
Martin Fuller	Davina Wise

Key Trafalgar Staff Members

John Beveridge	Aamir Kohli
Gemma Cathie (known as Pearse)	Janet Morrison
Mark Cathie	Laura Nerssessionian
Lucy Clark	Claire Parsons
Amanda Collis	Alice Raeburn
Annika Ghose	Catherine Seal
Kimberley Jeffery-Davis	Charlene Simms

Annex 2**The Salterns Academy
Conflict of Interest Register****Part 2: Trust Membership/Conflict of Interest Statements on Record**

Individual Conflict of Interest Statements completed by those required to do so are held alphabetically within this record. Refer to part 1 for a summary of named individuals by applicable group.

Trust Membership/Conflict of Interest Statement for: *(Insert name)*

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	

Trust Membership Potential Conflict of Interest Statement for: **DAVID GILES**

I am a Member of the following Bodies within the Trust

The Salterns Academy Trust	The Salterns Academy Trust Board of Directors	Admiral Lord Nelson School Local Governing Body	Trafalgar School Local Governing Body	Admiral Lord Nelson School Key Staff Member	Trafalgar School Key Staff Member
✓					

My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	GILES
Forename(s)	DAVID PETER
Previous Name(s)	
Residential Address/Address of registered office	40 REMBRIDGE CRESCENT SOUTHSEA PO4 0QU
Date of entry to register	4 - 3 - 15
Date of last update/cessation of entry on register	3 - 3 - 15
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Academy Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
UNIVERSITY OF PORTSMOUTH	PORTSMOUTH	EMPLOYEE

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	4-3-15

Trust Membership/Conflict of Interest Statement for: **MIKE PARK**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
✓					

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	PARK
Forename(s)	MICHAEL WILLIAM
Previous Name(s)	—
Residential Address/Address of registered office	11A NORTHOVER ROAD PORTSMOUTH
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
—	—	—

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
—	—	—

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
—	—

Is there any other conflict of interest that you are aware of?

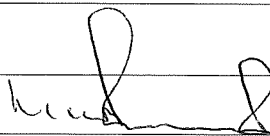
Nature of Conflict	Supporting Information
—	—

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
—	—

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	4/10/2017

Trust Membership/Conflict of Interest Statement for: **SCOTT TAVINER**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
✓					

My Personal Details (<i>Individuals who are Key Staff Members only are not required to complete this section</i>)	
Surname	TAVINER
Forename(s)	SCOTT RICHARD
Previous Name(s)	
Residential Address/Address of registered office	93 LICHFIELD RD CORNOR PO36DF
Date of entry to register	23-11-16.
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (<i>note only applies to The Salterns Trust Members</i>)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

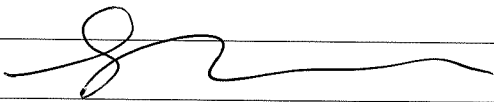
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	23-11-16

Trust Membership/Conflict of Interest Statement for: **STEVEN LABEDZ**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
✓	✓	✓	✓		

My Personal Details (*Individuals who are Key Staff Members only are not required to complete this section*)

Surname	LABEDZ	LABEDZ
Forename(s)	STEVEN	STEVEN
Previous Name(s)		✓
Residential Address/Address of registered office		c/o ALNS
Date of entry to register		
Date of last update/cessation of entry on register		
Amount agreed to pay by way of guarantee (note only applies to The Salterns Trust Members)		A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
COMMUNITAS	Purbrookway, Havant UK	TRUSTEE

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	Steven Lakedz
Date	25 February 2015

Trust Membership/Conflict of Interest Statement for: **AMANDA BARRETT**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
	✓				

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	BARRETT
Forename(s)	AMANDA
Previous Name(s)	—
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	<i>ABarnett</i>
Date	<i>27/6/18</i>

Trust Membership/Conflict of Interest Statement for: **CLAIRE COPELAND**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
	✓		✓		✓

 My Personal Details (*Individuals who are Key Staff Members only are not required to complete this section*)

Surname	COPELAND
Forename(s)	CLAIRE ALICE DANIELLE
Previous Name(s)	BROWN
Residential Address/Address of registered office	CARE OF THE SCHOOL
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (<i>note only applies to The Salterns Trust Members</i>)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?


Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	21/9/18

Trust Membership/Conflict of Interest Statement for: **ANDREW CREE**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
	✓				

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	CREE
Forename(s)	ANDREW MARTIN
Previous Name(s)	—
Residential Address/Address of registered office	11 EAST LODGE, CATSFIELD, FAREHAM
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
UTC PORTSMOUTH	UTC PORTSMOUTH HILSEA PORTSMOUTH	Founding Member
SOLENT LOCAL ENTERPRISE PARTNERSHIP		Committee member of employment and skills board.

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	

Trust Membership/Conflict of Interest Statement for: **FELICIA DRUMMOND**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
x	x				

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	Drummond
Forename(s)	Felicia
Previous Name(s)	Shepherd
Residential Address/Address of registered office	3 Spencer Road, Southsea PO4 9RN
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
National Citizens Service	Pembroke Building, Kensington Village, Avonmore Road, London W14 8DG	Board Member
Citizen Advice Portsmouth	2-3 Ark Royal House, Winston Churchill Avenue, Portsmouth PO1 2GF	Board Member

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
SE Region Veterans Advisory and Pension Committee	Norcross Thornton Cleveleys FY5 3WP	Chair (public appointment)

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?	
Name of Person	Nature of relationship
No	

Is there any other conflict of interest that you are aware of?	
Nature of Conflict	Supporting Information
No	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.	
Name of Person	Nature of conflict
No	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.
<i>Note: This statement only applies to trust members, directors and governors.</i>

Signature	Felicia Drummond (by email)
Date	25 th February 2019

Trust Membership/Conflict of Interest Statement for: **NYS HARDINGHAM**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
	✓	✓		✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	HARDINGHAM
Forename(s)	NYSRANE LOUISA
Previous Name(s)	ABIDAON
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	n/a	

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
	n/a	

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
No.	

Is there any other conflict of interest that you are aware of?

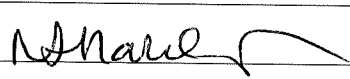
Nature of Conflict	Supporting Information
None that I am aware of.	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
No.	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	5.7.18

Trust Membership/Conflict of Interest Statement for: **PAUL HAYES**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
	✓				

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	HAYES
Forename(s)	PAUL KELVIN
Previous Name(s)	—
Residential Address/Address of registered office	FLAT 20, PARADE VIEW MANSIONS, PORTSMOUTH
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
UNIVERSITY OF PORTSMOUTH	PORTSMOUTH	PRO EDUCATION

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
UNIVERSITY OF PORTSMOUTH SERVICES LTD	PORTSMOUTH	PRO VICE-CHANCELLOR

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information
UTC Portsmouth	A member for UoP.

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	Paul Hayes
Date	27 - 6 - 2018

Trust Membership/Conflict of Interest Statement for: **TANIA OSBORNE**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
	✓	✓			

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	OSBORNE
Forename(s)	TANIA
Previous Name(s)	
Residential Address/Address of registered office	4 Foxley Drive
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
NA	

Is there any other conflict of interest that you are aware of?

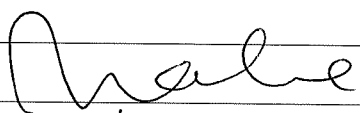
Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	20/6/18.

Trust Membership/Conflict of Interest Statement for:

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
	X				

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	PHILLIPS
Forename(s)	MARIA LOUISE
Previous Name(s)	HAMBLETON
Residential Address/Address of registered office	17 ISLAY GARDENS, COSHAM, PO6 3UF
Date of entry to register	01/05/2018
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of? No

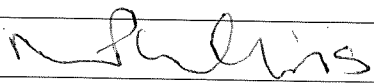
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	16/04/2018

Trust Membership/Conflict of Interest Statement for: **SUSAN WILSON**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
			✓		

 My Personal Details (*Individuals who are Key Staff Members only are not required to complete this section*)

Surname	WILSON
Forename(s)	SUE WILSON
Previous Name(s)	FURMSTON
Residential Address/Address of registered office	25, SAVERNACE WAY, FAIROAK, SO50 7FA
Date of entry to register	
Date of last update/cessation of entry on register	1/9/17
Amount agreed to pay by way of guarantee (<i>note only applies to The Salterns Trust Members</i>)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
NORTHERN PARADE SCHOOLS	Doyle Ave. Hilsea, Portsmouth PO2 9NE	EXECUTIVE HEAD.

 Name any business where you are a shareholder, director or employee that may conduct business with the trust *N/A.*

Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust? *No*

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of? *No*

Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement. *No*

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	<i>S.M. V. [Signature]</i>
Date	<i>13th SEPTEMBER 2018</i>

Trust Membership/Conflict of Interest Statement for: **ADRIAN PARRY**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
	✓ (Audit Ctte)				

 My Personal Details (*Individuals who are Key Staff Members only are not required to complete this section*)

Surname	Parry
Forename(s)	Adrian John
Previous Name(s)	None
Residential Address/Address of registered office	Flat 6, Cedar Court, 47 Outram Road, Southsea, Po5 1QS
Date of entry to register	7 January 2019
Date of last update/cessation of entry on register	N/A
Amount agreed to pay by way of guarantee (<i>note only applies to The Salterns Trust Members</i>)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
University of Portsmouth	University House Winston Churchill Avenue Portsmouth PO1 2UP	Executive Director of Corporate Governance

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
None		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
None	

Is there any other conflict of interest that you are aware of?

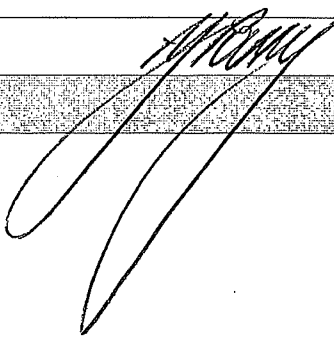
Nature of Conflict	Supporting Information
None	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
None	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	7 January 2019

Trust Membership/Conflict of Interest Statement for: **ADETOLA ADEBESIN**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

 My Personal Details (*Individuals who are Key Staff Members only are not required to complete this section*)

Surname	ADEBESIN
Forename(s)	TOLA
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (<i>note only applies to The Salterns Trust Members</i>)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?


Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	20.6.18

Trust Membership/Conflict of Interest Statement for: **JANE BEECHER**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	BEECHER
Forename(s)	JANE
Previous Name(s)	
Residential Address/Address of registered office	26, Allens Rd, Southsea, Portsmouth
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?


Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	20.6.18.

Trust Membership/Conflict of Interest Statement for: **Tina Henley**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

My Personal Details (*Individuals who are Key Staff Members only are not required to complete this section*)

Surname	HENLEY
Forename(s)	TINA
Previous Name(s)	N/A
Residential Address/Address of registered office	40 Civic Offices
Date of entry to register	13/2/2019
Date of last update/cessation of entry on register	N/A
Amount agreed to pay by way of guarantee (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
NO	

Is there any other conflict of interest that you are aware of?

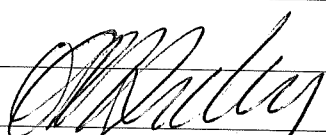
Nature of Conflict	Supporting Information
NONE	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
NO	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	12/12/19

Trust Membership/Conflict of Interest Statement for: **EMMA HUGHES**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	HUGHES
Forename(s)	EMMA
Previous Name(s)	HILL / PARKES
Residential Address/Address of registered office	30 WILDMOOR WALK PO9 5QZ
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

NO

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

NO

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	<i>E Hughes</i>
Date	<i>27-2-19</i>

Trust Membership/Conflict of Interest Statement for: **ROBIN PARR**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

 My Personal Details (*Individuals who are Key Staff Members only are not required to complete this section*)

Surname	PARR.
Forename(s)	ROBIN LEE
Previous Name(s)	-
Residential Address/Address of registered office	12 HAMMINGTON ROAD, BERNHAMPTON
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (<i>note only applies to The Salterns Trust Members</i>)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
SOUTH DOWNS NATIONAL TRUST	SOUTH DOWNS COTTAGE MIDHURST, GU24 9DN	Company Secretary

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
-		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
—	

Is there any other conflict of interest that you are aware of?

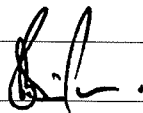
Nature of Conflict	Supporting Information
—	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
—	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	20/6/18

Trust Membership/Conflict of Interest Statement for: **TOBY SIMMONDS**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	SIMMONDS
Forename(s)	Toby
Previous Name(s)	
Residential Address/Address of registered office	30 Allcot Road Parkenrith PO35DF
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
Copnor Junior School	Copnor Rd.	Governor (co opted)

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	T. S. J.
Date	20 June 2018.

Trust Membership/Conflict of Interest Statement for: **HELEN SURAWY**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	BARNES (SURAWY)
Forename(s)	HELEN
Previous Name(s)	BARNES
Residential Address/Address of registered office	140 DOVER RD PO3 6JY
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information
Daughter currently a pupil in the school ALNS	- Kate Surany ALNS roll.

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	<i>K. Surany (Barnes)</i>
Date	20.6.18

Trust Membership/Conflict of Interest Statement for: **HAYDEN TAYLOR**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	TAYLOR
Forename(s)	HAYDEN BRENT
Previous Name(s)	
Residential Address/Address of registered office	2 MILITARY RD, PO352S
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
PORTSMOUTH COLLEGE	TANGIER ROAD, PO36PZ	CORPORATION MEMBER
ARUNDEL COURT PRIMARY SCHOOL		GOVERNOR.

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
UNLOC LEARNING LIMITED	PORTSMOUTH COLLEGE TANGIER ROAD, PO36PZ	DIRECTOR.

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

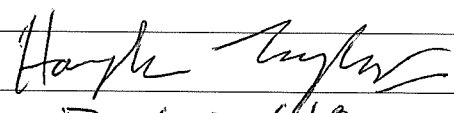
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	20/06/18

Trust Membership/Conflict of Interest Statement for: **NATHAN WAITES**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	WAITES
Forename(s)	NATHAN
Previous Name(s)	
Residential Address/Address of registered office	15 ARRAN CLOSE, PO6 300
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
THE DECURCI TRUST	C/O SPRINGFIELD SCHOOL, CENTRAL RD, PO61 6Y	CHIEF FINANCIAL & OPERATING OFFICER

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
—	—

Is there any other conflict of interest that you are aware of?

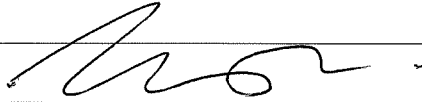
Nature of Conflict	Supporting Information
ONLY EMPLOYMENT	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
—	—

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	20/06/18.

Trust Membership/Conflict of Interest Statement for: **JUSTEEN WHITE**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	WHITE
Forename(s)	JUSTEEN MARIE
Previous Name(s)	WALKER
Residential Address/Address of registered office	43 LOWER DRAYTON LANE PORTSMOUTH PO6 2EW
Date of entry to register	✓
Date of last update/cessation of entry on register	✓
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00 ✓

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
HAMPSHIRE COUNTY COUNCIL.		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

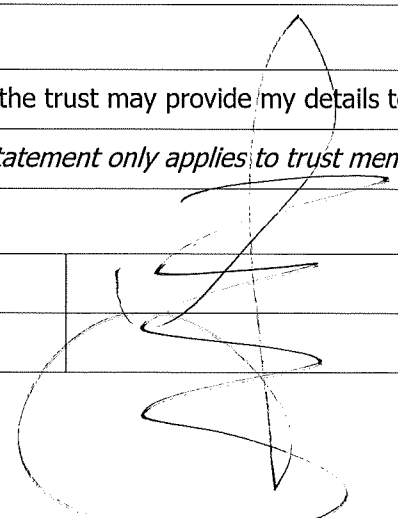
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	20.6.18

Trust Membership/Conflict of Interest Statement for: **CHRISTOPHER DOHERTY**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details (*Individuals who are Key Staff Members only are not required to complete this section*)

Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (<i>note only applies to The Salterns Trust Members</i>)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	N/A	

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
	N/A	

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	C. Roberts
Date	18/9/14

Trust Membership/Conflict of Interest Statement for: **MATTHEW HUTTON**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	HUTTON
Forename(s)	MATTHEW DAVID
Previous Name(s)	—
Residential Address/Address of registered office	7 MEADOW EDGE,
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		
N/A		
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
N/A		
N/A		
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	
N/A	
N/A	

Is there any other conflict of interest that you are aware of?

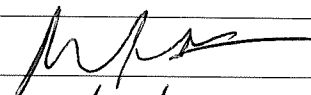
Nature of Conflict	Supporting Information
N/A	
N/A	
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	
N/A	
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	5/7/18.

Trust Membership/Conflict of Interest Statement for: **RICHARD BARLOW**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
			✓		

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	BARLOW
Forename(s)	RICHARD
Previous Name(s)	—
Residential Address/Address of registered office	30 CHETWYND ROAD, PO4 0NB
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
HAVANT + SOUTH DOWNS COLLEGE	COLLEGE ROAD, HAVANT	DEPUTY PRINCIPAL

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

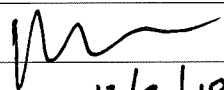
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	13/9/18

Trust Membership/Conflict of Interest Statement for:

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	BARRATT
Forename(s)	JULIE
Previous Name(s)	
Residential Address/Address of registered office	23 COLUMBINE WAY, CLANFIELD PO8 0WJ.
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

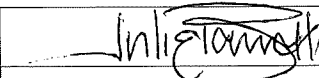
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	13 September 2018

Trust Membership/Conflict of Interest Statement for: **JOANNE BENNETT**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
			✓		

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	BENNETT
Forename(s)	JOANNE LOUISE
Previous Name(s)	
Residential Address/Address of registered office	176 NORTHERN PARADE, HILSEA, PORTSMOUTH, PO2 9LT.
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
Portsmouth City Council	Civic Offices, Guildhall Square	Head of Business Growth, Relationships & Support.

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

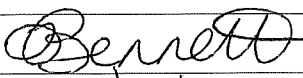
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	13/9/18.

Trust Membership/Conflict of Interest Statement for: TRACY KYLE

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
			✓		

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	KYLE
Forename(s)	TRACY
Previous Name(s)	
Residential Address/Address of registered office	6 STATION ROAD, PORTSMOUTH, PO3 5BG
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
ALDINGBOURNE TRUST	Aldingbourne Country Centre, Chichester, PO1 8QJ	SUPPORT WORKER
PORTSMOUTH PARENT VOICE	FRANK SORRELL CENTRE	VOLUNTEER PARENT REP

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

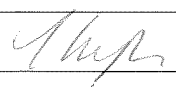
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	13/09/18

Trust Membership/Conflict of Interest Statement for: LUAN MEADES

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
			✓		

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	MEADES
Forename(s)	LUAN
Previous Name(s)	DAVIES
Residential Address/Address of registered office	6 LYDNEY CLOSE, PORTSMOUTH, PO6 3QG
Date of entry to register	13/09/2018
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?


Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	13/09/2018

Trust Membership/Conflict of Interest Statement for: **STACEY RYAN**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
			✓		

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	RYAN (FERRETT).
Forename(s)	STACEY.
Previous Name(s)	
Residential Address/Address of registered office	C/o Trafalgar School.
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	N/A	

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
	N/A	

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
_____	NA _____
_____	_____
_____	_____

Is there any other conflict of interest that you are aware of?

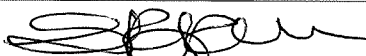
Nature of Conflict	Supporting Information
_____	NA _____
_____	_____
_____	_____

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
_____ NA/ _____	_____
_____	_____
_____	_____

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	28/2/19.

Trust Membership/Conflict of Interest Statement for: **KAREN TYRRELL**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	TYRRELL
Forename(s)	KAREN
Previous Name(s)	MAYLOTT
Residential Address/Address of registered office	23 GATWICK AVE PORTSMOUTH PO3 5NG
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information
No	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
No	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	K. Tyndall
Date	19/2/15

Trust Membership/Conflict of Interest Statement for: **ROBERTA YOUNG**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	✓

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	YOUNG.
Forename(s)	ROBERTA LESLEY.
Previous Name(s)	SAWYER.
Residential Address/Address of registered office	SALTERNS ACADEMY TRUST.
Date of entry to register	FEBRUARY 2015
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	N/A	

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
	N/A	

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

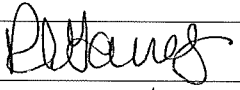
Nature of Conflict	Supporting Information
SON WORKS FOR ^{PW} PICOH UK.	
DAUGHTER-IN-LAW WORKS FOR DELOITTES	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	17/9/18.

Trust Membership/Conflict of Interest Statement for: **GIANNI ANGIO**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?

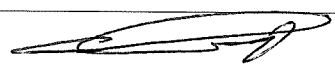
Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	28/9/15

Trust Membership/Conflict of Interest Statement for: **LLOYD AQUILINA**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	Aquilina
Forename(s)	Lloyd
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	19/12/19
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
		NA

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
		NA

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
	NA

Is there any other conflict of interest that you are aware of?

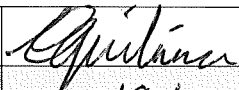
Nature of Conflict	Supporting Information
	NA

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
	NA

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	19/02/2019

Trust Membership/Conflict of Interest Statement for: **REBECCA BRITTI**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	BRITTI
Forename(s)	REBECCA
Previous Name(s)	PENTNEY
Residential Address/Address of registered office	3 KNOTGRASS RD, LOCKS HEATH, SO71 6XH
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N / A	

Is there any other conflict of interest that you are aware of?

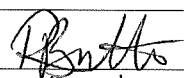
Nature of Conflict	Supporting Information
N / A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N / A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	5 / 7 / 18

Trust Membership/Conflict of Interest Statement for: **DAVINA CHERRY**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A.		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A.	

Is there any other conflict of interest that you are aware of?

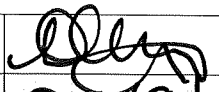
Nature of Conflict	Supporting Information
N/A.	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A.	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	24/9/15

Trust Membership/Conflict of Interest Statement for: **SARAH COOPER**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
			✓		

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	COOPER
Forename(s)	SARAH.
Previous Name(s)	
Residential Address/Address of registered office	c/o ADMIRAL LORD NELSON SCHOOL.
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A.		

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
N/A.		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?

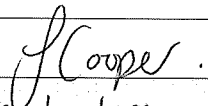
Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A.	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	25/9/18.

Trust Membership/Conflict of Interest Statement for: **SAMANTHA EASSON**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details (<i>Individuals who are Key Staff Members only are not required to complete this section</i>)	
Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (<i>note only applies to The Salterns Trust Members</i>)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N.A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N.A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N.A	

Is there any other conflict of interest that you are aware of?

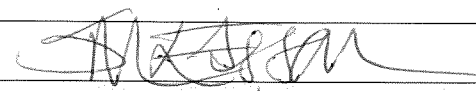
Nature of Conflict	Supporting Information
N.A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N.A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	28/9/15

Trust Membership/Conflict of Interest Statement for: **VANESSA ETHERINGTON**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	ETHERINGTON
Forename(s)	VANESSA
Previous Name(s)	BLOCK (JONES)
Residential Address/Address of registered office	28 DEWILLES CLOSE, HANWYD
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	N/A	

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
/	/
N/A	
/	/

Is there any other conflict of interest that you are aware of? **NO**

Nature of Conflict	Supporting Information
/	/
N/A	
/	/

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
/	/
N/A	
/	/

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	U Ethenington
Date	17. 9. 18

Trust Membership/Conflict of Interest Statement for: **STEPHEN FENNER**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	FENNER
Forename(s)	STEVE
Previous Name(s)	
Residential Address/Address of registered office	32 NARD ROAD, SOUTHEA
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A	N/A	N/A
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A	N/A	N/A

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust? **No**

Name of Person	Nature of relationship
N/A	N/A

Is there any other conflict of interest that you are aware of? **No**

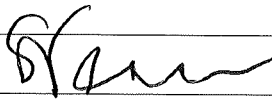
Nature of Conflict	Supporting Information
A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	N/A

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	31/7/18

Trust Membership/Conflict of Interest Statement for: **JOHN FIRTH**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	FIRTH
Forename(s)	JOHN
Previous Name(s)	
Residential Address/Address of registered office	% ALNS
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	N/A	

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
	N/A	

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?

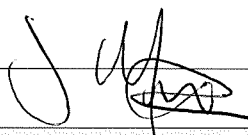
Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	25/2/19.

Trust Membership/Conflict of Interest Statement for: **MARTIN FULLER**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	Fuller
Forename(s)	Martin
Previous Name(s)	
Residential Address/Address of registered office	Care of School
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	N/A	

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
	N/A	

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

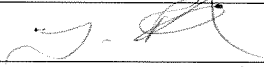
Nature of Conflict	Supporting Information
	N/A

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	1.10.18

Trust Membership/Conflict of Interest Statement for: **CATHERINE GREEN**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor N/A None		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust N/A. None.		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust? **No**

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of? **No**

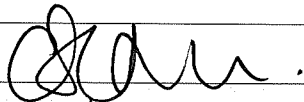
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement. **No**

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	18/9/15

Trust Membership/Conflict of Interest Statement for: **KATIE HOLNESS**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	HOLNESS
Forename(s)	KATIE
Previous Name(s)	GRANT / PAYNE
Residential Address/Address of registered office	SUNNYSIDE COTTAGE, VAPTON ROAD CLIPPING DEPT SUSSEX BN17 2LW
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
	N/A

Is there any other conflict of interest that you are aware of?

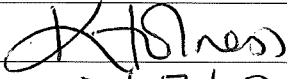
Nature of Conflict	Supporting Information
	N/A

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
	N/A

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	17/7/18

Trust Membership/Conflict of Interest Statement for: **STEVEN JOHNSON**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
WESTOVER PRIMARY SCH	WESTOVER ROAD BAFFINS, PORTSMOUTH	GOVERNOR.
LITTLE ADMIRALS PLE SCH	ALNS, DUNDAS LANE PORTSMOUTH	CHAIR PERSON

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
PAULA JOHNSON	Wife.

Is there any other conflict of interest that you are aware of?


Nature of Conflict	Supporting Information
NONE	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
NONE	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	9/7/18

Trust Membership/Conflict of Interest Statement for: **LEWIS KEMP**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	✓

 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	KEMP
Forename(s)	LEWIS
Previous Name(s)	
Residential Address/Address of registered office	SALTURNS ACADEMY TRUST
Date of entry to register	19/12/19
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	NA	

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
	NA	

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
	NA

Is there any other conflict of interest that you are aware of?

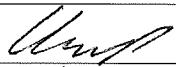
Nature of Conflict	Supporting Information
	NA

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
	NA

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	19/2/19

Trust Membership/Conflict of Interest Statement for: **LEE MORGAN**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
CAROLINE MORGAN	SPOUSE

Is there any other conflict of interest that you are aware of?

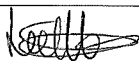
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	18/09/2015

Trust Membership/Conflict of Interest Statement for: **SEONAIID OSWALD**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details (<i>Individuals who are Key Staff Members only are not required to complete this section</i>)	
Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (<i>note only applies to The Salterns Trust Members</i>)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
NIL		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
NIL		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
NIL	

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information
NIL	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
NIL	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	<i>S. B. O. O. O.</i>
Date	28 Sep 15

Trust Membership/Conflict of Interest Statement for: **GERARD ROGERS**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	ROGERS
Forename(s)	GERARD
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
/ N/A	

Is there any other conflict of interest that you are aware of?

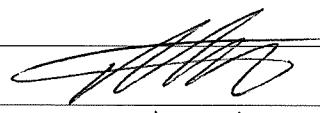
Nature of Conflict	Supporting Information
/ NO	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
/ NO	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	5/7/18

Trust Membership/Conflict of Interest Statement for: **TARA SMITH**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

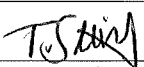
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	9/7/18

Trust Membership/Conflict of Interest Statement for: **JULIA WISBEY**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details (*Individuals who are Key Staff Members only are not required to complete this section*)

Surname	WISBEY
Forename(s)	JULIA ANN
Previous Name(s)	FIRTH
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
NICK WISBEY	HUSBAND

Is there any other conflict of interest that you are aware of?


Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	4th MARCH '19

Trust Membership/Conflict of Interest Statement for: **DAVINA WISE**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	WISE
Forename(s)	DAVINA ALICIA
Previous Name(s)	GOODRIDGE
Residential Address/Address of registered office	39 SOUTHERN ROAD, WEST END, SOUTHAMPTON
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		
NA		
NA		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
NA		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	<i>D. Wise</i>
Date	<i>5th July 2018.</i>

Trust Membership/Conflict of Interest Statement for: **JOHN BEVERIDGE**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	BEVERIDGE
Forename(s)	JOHN
Previous Name(s)	
Residential Address/Address of registered office	41 GRANGE ROAD, NORTH END PORTSMOUTH PO2 8BG
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	John Beveridge
Date	13 TH SEPT 2018

Trust Membership/Conflict of Interest Statement for: *GEMMA CATHIE (PEARSE)*

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	<i>CATHIE (KNOWN AS PEARSE)</i>
Forename(s)	<i>GEMMA</i>
Previous Name(s)	<i>PEARSE</i>
Residential Address/Address of registered office	<i>74 HASLEMERE ROAD, PO48BA</i>
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
MARK CATHIE	SPOUSE

Is there any other conflict of interest that you are aware of?

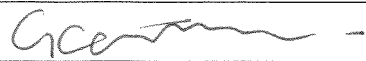
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	29/9/15

Trust Membership/Conflict of Interest Statement for: **MARK CATHIE**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	CATHIE
Forename(s)	MARK DOUGLAS
Previous Name(s)	/
Residential Address/Address of registered office	CARE OF TRAFALGAR SCHOOL
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
/		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
/		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
GEMMA CATHIE	SPOUSE

Is there any other conflict of interest that you are aware of?


Nature of Conflict	Supporting Information
/	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
/	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	28/2/19

Trust Membership/Conflict of Interest Statement for: **LUCY CLARK**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	CLARK
Forename(s)	LUCY
Previous Name(s)	
Residential Address/Address of registered office	TRAFALGAR SCHOOL
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?

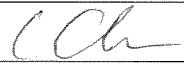
Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	13/09/18

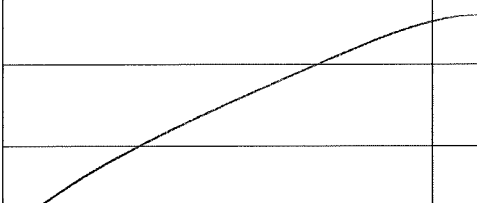
Trust Membership/Conflict of Interest Statement for: **AMANDA COLLIS**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

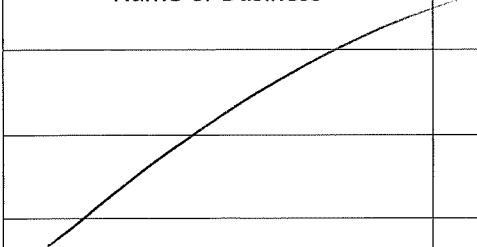
 My Personal Details *(Individuals who are Key Staff Members only are not required to complete this section)*

Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor

Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
		

Name any business where you are a shareholder, director or employee that may conduct business with the trust

Name of Business	Address of Business	Role for Business
		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?


Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	28/4/18 .

Trust Membership/Conflict of Interest Statement for: *Annika Ghose*

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details (<i>Individuals who are Key Staff Members only are not required to complete this section</i>)	
Surname	
Forename(s)	
Previous Name(s)	
Residential Address/Address of registered office	
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (<i>note only applies to The Salterns Trust Members</i>)	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

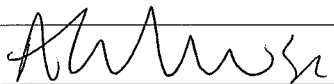
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	29/9/15.

Trust Membership/Conflict of Interest Statement for: **KIMBLERLEY JEFFERY-DAVIS**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	JEFFERY - DAVIS
Forename(s)	KIMBLERLEY
Previous Name(s)	
Residential Address/Address of registered office	_____
Date of entry to register	_____
Date of last update/cessation of entry on register	_____
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
	NA

Is there any other conflict of interest that you are aware of?


Nature of Conflict	Supporting Information
	NA

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
	NA

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	21 / 9 / 18

Trust Membership/Conflict of Interest Statement for: **AAMIR KOHLI**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	Kohli
Forename(s)	Aamir
Previous Name(s)	Amer Mushlag
Residential Address/Address of registered office	TRAFALGAR SCHOOL
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?

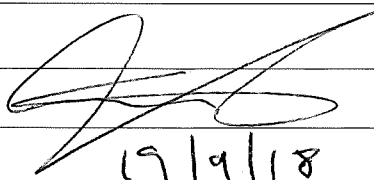
Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	19/9/18

Trust Membership/Conflict of Interest Statement for: **JANET MORRISON**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	MORRISON
Forename(s)	JANET LILIAN
Previous Name(s)	COLLINGS / WILLIAMS
Residential Address/Address of registered office	TRAFALGAR SCHOOL
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

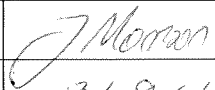
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	13/9/18

Trust Membership/Conflict of Interest Statement for: **LAURA NERSSESSIAN**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	NERSSESSIAN
Forename(s)	LAURA
Previous Name(s)	
Residential Address/Address of registered office	30 MAPEKING RD, PORTSMOUTH
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
N/A	

Is there any other conflict of interest that you are aware of?

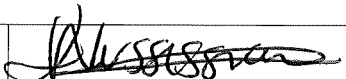
Nature of Conflict	Supporting Information
N/A	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
N/A	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	20/9/18.

Trust Membership/Conflict of Interest Statement for: **CLAIRE PARSONS**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	PARSONS
Forename(s)	CLAIRE SARAH
Previous Name(s)	CLAIRE SARAH DAVIES
Residential Address/Address of registered office	TRAFALGAR SCHOOL
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A.		

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
N/A		

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
	N/A.

Is there any other conflict of interest that you are aware of?

Nature of Conflict	Supporting Information
	N/A.

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict
	N/A.

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	cparsas
Date	13.9.18

Trust Membership/Conflict of Interest Statement for: **ALICE RAE BURN**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	Raeburn
Forename(s)	Alice
Previous Name(s)	NA
Residential Address/Address of registered office	Trafalgar School, Portsmouth PO2 9RT
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	NA	

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
	NA	

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship
NA	

Is there any other conflict of interest that you are aware of?

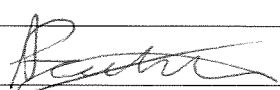
Nature of Conflict	Supporting Information
NA	

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.


Name of Person	Nature of conflict
NA	

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	13.09.18

Trust Membership/Conflict of Interest Statement for: **CATHERINE SEAL**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	SEAL
Forename(s)	CATHERINE
Previous Name(s)	JENNINGS
Residential Address/Address of registered office	TRAFALGAR SCHOOL
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?

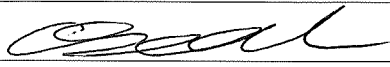
Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	28-09-18

Trust Membership/Conflict of Interest Statement for: **CHARLENE SIMMS**

I am a Member of the following Bodies within the Trust					
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
					✓

My Personal Details <i>(Individuals who are Key Staff Members only are not required to complete this section)</i>	
Surname	Simms
Forename(s)	Charlene
Previous Name(s)	
Residential Address/Address of registered office	Trafalgar School
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee <i>(note only applies to The Salterns Trust Members)</i>	A sum not exceeding £10.00

Name any other charity or educational establishment where you are employed or act as a trustee/governor		
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	NA	

Name any business where you are a shareholder, director or employee that may conduct business with the trust		
Name of Business	Address of Business	Role for Business
	NA	

Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?

Name of Person	Nature of relationship

Is there any other conflict of interest that you are aware of?


Nature of Conflict	Supporting Information

Do any of your relations or close friends have any conflict of interest as defined in the above questions? If so please detail their name below and complete another Conflict of Interest Statement for them and attach to this statement.

Name of Person	Nature of conflict

I agree that the trust may provide my details to the Secretary of State for Education if so requested.

Note: This statement only applies to trust members, directors and governors.

Signature	
Date	13-9-18.