

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.



- 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 indicted 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.

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Annex 1

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 Taviner

(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 Adebesin

(Staff)

Jane Beecher

(Directors Appointee)

Nys Hardingham Tina Henley (Headteacher) (Co-opted)

Emma Hughes
Tania Osborne

(Staff) (Parent

Robin Parr Toby Simmonds (Parent) (Co-opted)

Helen Surawy

(Staff)

Haden Taylor

(Directors Appointee) (Parent)

Nathan Waites Justeen White

(Co-opted)

(Directors Appointee: vacancy)

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Associates: Christopher Doherty (Senior Deputy Headteacher)

Matthew Hutton (Deputy Headteacher)

Others on record: as in Key ALNS Staff members

Trafalgar Governing Body

Richard Barlow Governors: (Co-opted)

Julie Barratt (Co-opted) (Parent) Joanne Bennett (Headteacher) Claire Copeland 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

As in Key Trafalgar Key Staff Members Others on record:

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 Seonaid Oswald Samantha Easson Vanessa Etherington **Gerard Rogers** Stephen Fenner Tara Smith John Firth Julia Wisbey Martin Fuller Davina Wise

Key Trafalgar Staff Members

John Beveridge Gemma Cathie (known as Pearse) Janet Morrison Mark Cathie Laura Nerssessian Lucy Clark Claire Parsons Amanda Collis Alice Raeburn

Aamir Kohli

Annika Ghose Catherine Seal Kimberley Jeffery-Davis Charlene Simms

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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)

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 (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			



	ACADEMY TRUST
Are you a relation of or in a relationship with any schogovernor within the trust?	ool employee, trust member, trust director or school
Name of Person	Nature of relationship
Is there any other conflict of interest that you are awa	are of?
Nature of Conflict	Supporting Information
Do any of your relations or close friends have any cor so please detail their name below and complete anoth to this statement.	
Name of Person	Nature of conflict
I agree that the trust may provide my details to the S	Secretary of State for Education if so requested.
Note: This statement only applies to trust members, o	directors and governors.
Signature	
Date	





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

I am a Member o	f the following Boo	ies within the Tru	ISL		
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 Me	embers only are not required to complete this section)
Surname	GILES
Forename(s)	DAVID PETER
Previous Name(s)	
Residential Address/Address of registered office	40 BEMBRIDGE CRESCENT SOUTHSEA POU OOU
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 (note only applies to The Salterns Academy Trust Members)	A sum not exceeding £10.00

UNIVERSITY OF PORTSMOUTH	PORTSMOUTH	Employer

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



Name of Person	Nature of relationship
1/A	
Is there any other conflict of interest that you are awa	are of?
Nature of Conflict	Supporting Information
N/A	
o please detail their name below and complete another	flict of interest as defined in the above questions? If er Conflict of Interest Statement for them and attach
so please detail their name below and complete another	er Conflict of Interest Statement for them and attach
Do any of your relations or close friends have any confoot please detail their name below and complete another to this statement. Name of Person	flict of interest as defined in the above questions? If er Conflict of Interest Statement for them and attach Nature of conflict
to this statement.	er Conflict of Interest Statement for them and attach
Name of Person	er Conflict of Interest Statement for them and attach Nature of conflict
Name of Person A A agree that the trust may provide my details to the Se	Nature of conflict Nature of conflict Cretary of State for Education if so requested.
Name of Person A A agree that the trust may provide my details to the Se	Nature of conflict Nature of conflict Cretary of State for Education if so requested.
to this statement.	Nature of conflict Nature of conflict Cretary of State for Education if so requested.



Trust Membership/Conflict of Interest Statement for: MIKE PARK

I am a Member	of the following	Bodies within th	ne 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	PARK			
Forename(s)	MICHAEL WILLIAM.			
Previous Name(s)				
Residential Address/Address of registered office	112 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 (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				
<u></u>		~		



Are you a relation or school govern	on of or in a relationship with an nor within the trust?	y school employee, trust member, trust director
Name of Person		Nature of relationship
بسن		
Is there any other	er conflict of interest that you ar	e aware of?
Nature of Conflic	t	Supporting Information
questions? If so	elations or close friends have an please detail their name below a em and attach to this statement	y conflict of interest as defined in the above and complete another Conflict of Interest.
Name of Person		Nature of conflict
	4	
	•	
I agree that the requested.	trust may provide my details to	the Secretary of State for Education if so
Note: This stater	ment only applies to trust memb	ers, directors and governors.
Signature	hend	X
Date	A 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
	ı				

My Personal Details (Individuals who are Key Stathis section)	aff Members only are not required to complete
Surname	TAVINER
Forename(s)	SCOTT IRICHARD
Previous Name(s)	
Residential Address/Address of registered office	93 LICHFIELD RD COANDR POSKOF
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 (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/Education 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				



or school goverr		
Name of Person		Nature of relationship
Is there any othe	er conflict of interest that	you are aware of?
Nature of Conflic	t	Supporting Information
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questions? If so	elations or close friends h please detail their name l em and attach to this sta	nave any conflict of interest as defined in the above pelow and complete another Conflict of Interest tement.
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Trust Membership/Conflict of Interest Statement for: STEVEN LABEDZ

I am a Member	of the following	Bodies within th	e 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
	V	V	V		

My Personal Details (Individuals who are Key Staff Members only are not required to complete this section)				
Surname LABEDZ	LABEOZ			
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 Salters Trust Members)	A sum not exceeding £10.00			

Name any other charity or educ trustee/governor	cational establishment where you	are employed or act as a
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
COMMUNITAS	Purbroch Way, Havantul	TRUSTEE

Name any business where you business with the trust	are a shareholder, director or em	ployee that may conduct
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Røle for Charity/Educational Establishment



or school governo			
Name of Person		Nature of relationship	
	<u> </u>		
s there any other	conflict of interest that y	ou are aware of?	, , , , , , , , , , , , , , , , , , ,
Nature of Conflict		Supporting Information	
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Do any of your mole			
questions? If so ple Statement for then	ations or close friends ha ease detail their name be n and attach to this state		n the above Interest
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questions? If so ple Statement for then Name of Person agree that the truequested.	ease detail their name ben and attach to this state	elow and complete another Conflict of Iment. Nature of conflict	Interest
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questions? If so plo Statement for then Name of Person agree that the truequested.	ease detail their name ben and attach to this state and attach to this state as a may provide my detail and only applies to trust name bent and attach to this state.	elow and complete another Conflict of Iment. Nature of conflict Is to the Secretary of State for Education	Interest



Trust Membership/Conflict of Interest Statement for: AMANDA BARRETT

I am a Member o	of the following Bo	dies within the Tru	st		
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)	BARRETT 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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00		

Name any other charity or educa	ational establishment where you are e	mployed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

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



Are you a relation governor within t	ı of or in a relationship with an he trust?	ny school employee, trust member, trust director or school
Name of Person		Nature of relationship
Is there any other	r conflict of interest that you a	re aware of?
Nature of Conflict		Supporting Information

Do any of your rel so please detail th to this statement.	ations or close friends have ar eir name below and complete	ny conflict of interest as defined in the above questions? If another Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
		the Secretary of State for Education if so requested.
Note: This stateme	ent only applies to trust memb	pers, directors and governors.
Signature	27/6/18	
Date	27/6/18	



Trust Membership/Conflict of Interest Statement for: CLAIRE COPELAND

am a Member o	of the following Bo	dies within the Tru	st		
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 M	lembers 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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00

Name any other charity or educa	ational establishment where you are e	mployed or act as a trustee/governor			
Name of Charity/Educational Establishment Address of Charity/Educational Establishment Role for Charity/Educational Establishment					
NIA					

Name any business where you are trust	a shareholder, director or employee t	hat may conduct business with the
Name of Business	Address of Business	Role for Business
	NIA	
	771.	

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Nature of relationship
Nature of relationship
NIA
N/A
e aware of?
Supporting Information
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conflict of interest as defined in the above questions? If nother Conflict of Interest Statement for them and attach
Nature of conflict
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ne Secretary of State for Education if so requested.
rs, directors and governors.



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 (Individuals who are Key Staff I	Members only are not required to complete this section
Surname	CREE
Forename(s)	ANDREW MARTIN
Previous Name(s)	_
Residential Address/Address of registered office	IL EAST LODGE, CATISFIELD, FAREVAM
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 educa	ational establishment where you are e	mployed or act as a trustee/governor
Name of Charity/Educational Establishment	Role for Charity/Educational Establishment	

Name any business where you artrust	e a shareholder, director or employ	yee that may conduct business with the
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 shill board.

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governor within the trust?	
Name of Person	Nature of relationship
The 1884 Annual Control of the 1884 Annual Contr	
s there any other conflict of int	rest that you are aware of?
Nature of Conflict	Supporting Information
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	friends have any conflict of interest as defined in the above questions?
so please detail their name belo	friends have any conflict of interest as defined in the above questions? y and complete another Conflict of Interest Statement for them and atte
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o please detail their name beloo this statement. Name of Person agree that the trust may provi	and complete another Conflict of Interest Statement for them and attended in the state of conflict Nature of conflict e my details to the Secretary of State for Education if so requested.
o please detail their name belo to this statement. Name of Person agree that the trust may provi	Nature of conflict Nature of conflict
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so please detail their name below this statement. Name of Person agree that the trust may provi	and complete another Conflict of Interest Statement for them and attack. Nature of conflict Nature of conflict e my details to the Secretary of State for Education if so requested. s to trust members, directors and governors.
so please detail their name belo to this statement. Name of Person I agree that the trust may provi	and complete another Conflict of Interest Statement for them and attended in the state of conflict Nature of conflict e my details to the Secretary of State for Education if so requested.

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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
Х	Х				

My Personal Details (Individuals who are Key Staff Members only are not required to complete this section)			
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 (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				
National Citizens Service Pembroke Building, Kensington Village, Avonmore Road, London W14 8DG		Board Member		
Citizen Advice Portsmouth 2-3 Ark Royal House, W Churchill Avenue, Portsi PO1 2GF		Board Member		

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business with the trust			
Name of Business	Address of E	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 rel or school governor within the t	•	chool employ	yee, trust member, trust director
Name of Person	N	ature of rela	tionship
No			
Is there any other conflict of in	iterest that you are a	ware of?	
Nature of Conflict		upporting In	formation
No			
Do any of your relations or clos questions? If so please detail tl Statement for them and attach	heir name below and		
Name of Person		ature of con	flict
No			
I narea that the trust may pro-	vide my details to the	Secretary o	of State for Education if so

Signature Felicia Drummond (by email)		Felicia Drummond (by email)	ı
	Date	25 th February 2019	1

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Trust Membership/Conflict of Interest Statement for: NYS HARDINGHAM

I am a Member o	f the following Bo	dies within the Tru	st		
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 Me	embers only are not required to complete this section)
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 (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 Role for Charity/Educational Establishment			
	Na			

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



	ACADEMY TRUST
Are you a relation of or in a relationship with any scl governor within the trust?	hool employee, trust member, trust director or school
Name of Person	Nature of relationship
No.	
Is there any other conflict of interest that you are aw	are of?
Nature of Conflict	Supporting Information
None that I am	aware of.
Do any of your relations or close friends have any cor so please detail their name below and complete anoth to this statement.	nflict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
N_O .	
I agree that the trust may provide my details to the S	ecretary of State for Education if so requested.
Note: This statement only applies to trust members, o	
Signature Manul	
Date Son 7-18	



Trust Membership/Conflict of Interest Statement for: PAUL HAYES

I am a Member o	of the following Bo	dies within the Tru	st		
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 Me	embers only are not required to complete this section)
Surname	HAMES
Forename(s)	PAUL KELVIN
Previous Name(s)	
Residential Address/Address of registered office	PLAT 20, PARITO VIEW NANSIONS, PORTIMONTH
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 educate	tional establishment where you are e	mployed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
UNIVERSITY OF PORTOMOUTH	Resonouth	RIC EXCETION.

Name any business where you are a trust	a shareholder, director or employe	e that may conduct business with the
Name of Business	Address of Business	Role for Business
UNIVERSITY OF.	D REPORDION.	RED VICE-CHANCELLER



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	Nahawa af walati wali
ivalle of Person	Nature of relationship
Is there any other conflict of interest that you are	aware of?
Nature of Conflict	Supporting Information
UTC PORTEMOUTH	A MEMBER FOR UOP.
Do any of your relations or close friends have any of so please detail their name below and complete and to this statement.	conflict of interest as defined in the above questions? If other Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
I agree that the trust may provide my details to the	e Secretary of State for Education if so requested.
Note: This statement only applies to trust members	s, directors and governors.
Signature Tolk	
Date 27 - 6 - 2018	



Trust Membership/Conflict of Interest Statement for: TANIA OSBORNE

I am a Member o	of the following Bo	dies within the Tru	st		
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
	✓	✓			

USBORNE
USBORNE TANIA
4 Foxley Drue
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

lame of Business	Address of Business	Role for Business



	ACADEMY TRUST
Are you a relation of or in a relationsh governor within the trust?	hip with any school employee, trust member, trust director or school
Name of Person	Nature of relationship
NA	
Is there any other conflict of interest t	that you are aware of?
Nature of Conflict	Supporting Information
NA	
Do any of your relations or close friend so please detail their name below and to this statement.	ds have any conflict of interest as defined in the above questions? If complete another Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
MIA	
I agree that the trust may provide my	details to the Secretary of State for Education if so requested.
A	rust members, directors and governors.
Signature	le
Date 20/6/1	(8.



Trust Membership/Conflict of Interest Statement for:

I am a Member	of the following	Bodies within th	ne 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 (Individuals who are Key Stathis section)	off Members only are not required to complete	
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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00	

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



Name of Pers	on	Nature of relationship
s there any o	ther conflict of interest that ye	ou are aware of? No
lature of Con	flict	Supporting Information
		1
uestions? If s	so please detail their name bel	ve any conflict of interest as defined in the above low and complete another Conflict of Interest
tatement for	them and attach to this stater	low and complete another Conflict of Interest ment.
tatement for	them and attach to this stater	low and complete another Conflict of Interest
tatement for	them and attach to this stater	low and complete another Conflict of Interest ment.
tatement for	them and attach to this stater	low and complete another Conflict of Interest ment.
tatement for	them and attach to this stater	low and complete another Conflict of Interest ment.
tatement for ame of Perso	them and attach to this stater	low and complete another Conflict of Interest ment.
tatement for ame of Personagree that the quested.	e trust may provide my details	Nature of conflict Stothe Secretary of State for Education if so
tatement for ame of Personagree that the equested.	e trust may provide my details	low and complete another Conflict of Interest ment. Nature of conflict
tatement for lame of Personagree that the equested.	e trust may provide my details	Nature of conflict Stothe Secretary of State for Education if so



Trust Membership/Conflict of Interest Statement for: SUSAN WILSON

I am a Member o	f the following Bo	dies within the Tru	st		
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 M	dembers only are not required to complete this section)
Surname	WILSON
Forename(s)	SUE WILSON
Previous Name(s)	FURMSTON
Residential Address/Address of registered office	25,8AVERNAKE WAY, FAIROAK, 8050 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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00

Name any other charity or education	onal establishment where you are e	mployed 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, Portsmont POZ 9NE	EXECUTIVE HEAD.		
	·			

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



	ACADEMY TRUST
Are you a relation of or in a relationship with any governor within the trust? \sqrt{o}	school employee, trust member, trust director or school
Name of Person	Nature of relationship
Is there any other conflict of interest that you are	aware of? N_0
Nature of Conflict	Supporting Information
,	
Do any of your relations or close friends have any so please detail their name below and complete art to this statement.	conflict of interest as defined in the above questions? If nother Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
I agree that the trust may provide my details to th	e Secretary of State for Education if so requested
Note: This statement only applies to trust member	
approx to trace morning	o, an escolo ana governolo.
Signature S//	
Signature S.M. V Date 13 th Stp TemBeR	
15' SEPTEMBER	2018



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	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 (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		
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	. 1	

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

I	·
Name of Person	Nature of conflict
	en en mikry affel kaltathanicos kaj anksik kaltantingan mina konstitutiona kan kaltantingan kaltantingan kan b
None	
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	MONI
Date	7 January 2019



Trust Membership/Conflict of Interest Statement for: ADETOLA ADEBESIN

I am a Member o	of the following Bo	dies within the Tru	st		
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 M	embers 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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00

Name any other charity or educa	tional establishment where you are e	mployed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment

e any business where you are	a shareholder, director or employee th	nat may conduct business wit
Name of Business	Address of Business	Role for Business
-		



		ACADEMY TRUST
Are you a relation governor within t	n of or in a relationship with any sch he trust?	ool employee, trust member, trust director or school
Name of Person		Nature of relationship
Is there any other	conflict of interest that you are aw	are of?
Nature of Conflict		Supporting Information
Do any of your rel so please detail th to this statement.	ations or close friends have any cor eir name below and complete anoth	nflict of interest as defined in the above questions? If ner Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
I agree that the tr	ust may provide my details to the S	ecretary of State for Education if so requested.
Note: This stateme	ent only applies to trust members, o	directors and governors.
Signature	Alebe 87A	
Date	20.6.18	



Trust Membership/Conflict of Interest Statement for: JANE BEECHER

I am a Member o	f the following Bo	dies within the Tru	st		
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 M	dembers 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, Southsan, Pouco
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 educa	ational establishment where you are e	mployed 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 trust	a shareholder, director or employee t	hat may conduct business with the
Name of Business	Address of Business	Role for Business



governor within t	n of or in a relationship with any school employee, trust member, trust director or school the trust?
Name of Person	Nature of relationship
	·
To thous any allow	
	r conflict of interest that you are aware of?
Nature of Conflict	Supporting Information
Do any of your rel so please detail th to this statement.	lations or close friends have any conflict of interest as defined in the above questions? If eir name below and complete another Conflict of Interest Statement for them and attach
so please detail th	ations or close friends have any conflict of interest as defined in the above questions? If eir name below and complete another Conflict of Interest Statement for them and attach
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to this statement.	eir name below and complete another Conflict of Interest Statement for them and attach
to this statement.	eir name below and complete another Conflict of Interest Statement for them and attach
to this statement.	eir name below and complete another Conflict of Interest Statement for them and attach
to this statement. Name of Person	Nature of conflict Nature of conflict
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to this statement. Name of Person I agree that the tree	Nature of conflict Nature of conflict Nature of conflict
to this statement. Name of Person I agree that the tree	Nature of conflict Nature of conflict Nature of conflict



Trust Membership/Conflict of Interest Statement for: Tina Henley

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 De this section)	tails <i>(Individuals</i>	who are Key St	aff Members only	are not required	d to complete
Surname			HENLE	4	
Forename(s)			TINA		
Previous Name	(s)		NIA		
Residential Add	ress/Address of	registered office	40 CIVI	C Office	S
Date of entry to	o register		13/2/2	019	
Date of last up register	date/cessation of	entry on	NIA		
Amount agreed (note only app Members)	l to pay by way o lies to The Salter	of guarantee ens Trust	A sum not exce	eding £10.00	
Name any other		cational establis	nment where you	are employed or	r act as a
Name of Chari Establishment	ty/Educational	Address of Ch Establishment	arity/Educational	Role for Charit Establishment	y/Educational
\mathcal{N}	A				
Name any bus business with	iness where you the trust	are a sharehold	ler, director or em	ployee that may	conduct
Name o	of Business	Address	s of Business	Role fo	r Business
N 1	7 1				

Salterns Academy Trust: Policy



Name of Person	Nature of relationship
s there any other conflict of intere	est that you are aware of?
Nature of Conflict	Supporting Information
NONE	
o any of your relations or close fr	ignds have any conflict of interest and Continued
oo any of your relations or close fr uestions? If so please detail their tatement for them and attach to t lame of Person	·
tatement for them and attach to t	Name below and complete another Conflict of Interest
tatement for them and attach to t	name below and complete another Conflict of Interest his statement.
tatement for them and attach to tame of Person	name below and complete another Conflict of Interest his statement.
agree that the trust may provide requested.	name below and complete another Conflict of Interest his statement. Nature of conflict
agree that the trust may provide rquested.	name below and complete another Conflict of Interest his statement. Nature of conflict Nature of conflict my details to the Secretary of State for Education if so



Trust Membership/Conflict of Interest Statement for: EMMA HUGHES

The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
<u> </u>		<u></u>			

My Personal Details (Individuals who are Key Staff Members only are not required to complete this section)		
Surname	HUGHES	
Forename(s)	EMM A	
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 (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	

Salterns Academy Trust: Policy



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 questions? If so please detail their name below and complete another C Statement for them and attach to this statement.	o n
Nature of Conflict Supporting Information Do any of your relations or close friends have any conflict of interest as questions? If so please detail their name below and complete another Conflict of the co	on .
Nature of Conflict Supporting Information Do any of your relations or close friends have any conflict of interest as questions? If so please detail their name below and complete another Conflict of the co	n
Nature of Conflict Supporting Information Do any of your relations or close friends have any conflict of interest as questions? If so please detail their name below and complete another Conflict of the co	n
Nature of Conflict Supporting Information Do any of your relations or close friends have any conflict of interest as questions? If so please detail their name below and complete another Conflict of the co	n
Nature of Conflict Supporting Information Do any of your relations or close friends have any conflict of interest as questions? If so please detail their name below and complete another Conflict of the co	n
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questions? If so please detail their name below and complete another C	
questions? If so please detail their name below and complete another C	
questions? If so please detail their name below and complete another C	
questions? If so please detail their name below and complete another C	defined in the abo
Statement for them and attach to this statement.	Conflict of Interest
Name of Person Nature of conflict	
Nature of Collina	
I agree that the trust may provide my details to the Secretary of State f requested.	or Education if so
. Note: This statement only applies to trust members, directors and gove	
applies to trast members, uncetors and gove	rnore
	rnors.

Salterns Academy Trust: Policy



Trust Membership/Conflict of Interest Statement for: ROBIN PARR

I am a Member o	f the following Bo	dies within the Tru	st		
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 M	lembers only are not required to complete this section)
Surname	lake.
Forename(s)	ROLW LOE
Previous Name(s)	•
Residential Address/Address of registered office	12 HALLINGTON ROAD, BERSMONTH
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 educatio	nal establishment where you are en	nployed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
Journ Days Nommen Pres Tax	Juan Dunk Counce Midnucs, cuza gon	Company Jacciney

Name any business where you are rust	a shareholder, director or employee th	nat may conduct business with th
Name of Business	Address of Business	Role for Business
	,	(v ·)



		ACADEMY TRUST
Are you a relation of or in a relationship w governor within the trust?	ith any sch	nool employee, trust member, trust director or school
Name of Person		Nature of relationship
Is there any other conflict of interest that	you are aw	vare of?
Natura of Canflish	· • • • • • • • • • • • • • • • • • • •	Supporting Information
	57	
TO THE STATE OF STREET	* 1	
Do any of your relations or close friends has so please detail their name below and com to this statement.	ave any cor plete anoth	nflict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
The state of the s		
,•	6 73 ¹	
·		
I agree that the trust may provide my deta	ils to the S	ecretary of State for Education if so requested.
Note: This statement only applies to trust r	members, c	directors and governors.
Signature		
Date 20/6/18 ·		



Trust Membership/Conflict of Interest Statement for: TOBY SIMMONDS

I am a Member o	f the following Bo	dies within the Tru	st		
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
		✓			

SIMMONPS
Toby
J
o Allcot Road Patencult POSSOF
sum not exceeding £10.00
5

Name any other charity or education	onal establishment where you are er	nployed 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 optod)

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



Are you a relation of or in a relationship with any s	school employee, trust member, trust director or school
governor within the trust?	school employee, trust member, trust director of school
Name of Person	Nature of relationship
Is there any other conflict of interest that you are a	aware of?
Nature of Conflict	Supporting Information
. :	
Do any of your relations or close friends have any c so please detail their name below and complete and to this statement.	conflict of interest as defined in the above questions? If other Conflict of Interest Statement for them and attach
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 June 2018.	
1 20 30 E 2010.	



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

I am a Member o	f the following Bo	dies within the Tru	st		
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 Mo	embers 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 PO36TY
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 educa	ational establishment where you are e	mployed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
:		



Name of Person		Notice of volational in
Traine of 1 croon		Nature of relationship
Is there any other	er conflict of interest that yo	u are aware of?
Nature of Conflic	t	Supporting Information
Daught	er currentry	a Kate Surany School ALNS roll
	pupu un the:	ALYS
so please detail t	heir name below and comple	e any conflict of interest as defined in the above questions? If ete another Conflict of Interest Statement for them and attach
so please detail to this statement	heir name below and comple	e any conflict of interest as defined in the above questions? If ete another Conflict of Interest Statement for them and attach Nature of conflict
Do any of your reso please detail to this statement	heir name below and comple	ete another Conflict of Interest Statement for them and attach
so please detail to this statement	heir name below and comple	ete another Conflict of Interest Statement for them and attach
so please detail to this statement	heir name below and comple	ete another Conflict of Interest Statement for them and attach
so please detail to this statement	heir name below and comple	ete another Conflict of Interest Statement for them and attach
so please detail to this statement	heir name below and comple	ete another Conflict of Interest Statement for them and attach
so please detail to this statement	heir name below and comple	ete another Conflict of Interest Statement for them and attach
so please detail to this statement Name of Person	heir name below and comple	Nature of conflict Nature of conflict
so please detail to this statement Name of Person I agree that the t	heir name below and comple.	ete another Conflict of Interest Statement for them and attach
so please detail to this statement Name of Person I agree that the t	heir name below and comple.	ete another Conflict of Interest Statement for them and attach Nature of conflict to the Secretary of State for Education if so requested.
so please detail to this statement Name of Person I agree that the t	heir name below and comple. rust may provide my details nent only applies to trust me	ete another Conflict of Interest Statement for them and attach Nature of conflict to the Secretary of State for Education if so requested.



Trust Membership/Conflict of Interest Statement for: HAYDEN TAYLOR

I am a Member o	of the following Bo	dies within the Tru	st		
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 M	embers only are not required to complete this section)
Surname	TAYLOR
Forename(s)	HAYDEN BRENT
Previous Name(s)	
Residential Address/Address of registered office	2 MILITARY RD, PO35LS
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 education	onal establishment where you are e	mployed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
PORTSMOUTH COLLEGE	TANGIER LOAD,	CORPORATION MEMBER
ARUNDEZ COURT PRIMART SCHOOL		GOVERNOR.

Name any business where you are trust	a shareholder, director or employee t	hat may conduct business with the
Name of Business	Address of Business	Role for Business
UNLOC LEARNING	PORTSHOUTH COLLEGE TANGIER ROAD, POSGPZ	DIRECTOR.



	ACADEMY TRUST
governor within the trust?	hool employee, trust member, trust director or school
Name of Person	Nature of relationship
- constitution of the second o	
Is there any other conflict of interest that you are av	vare of?
Nature of Conflict	Supporting Information
Do any of your relations or close friends have any co so please detail their name below and complete anot to this statement.	onflict of interest as defined in the above questions? If ther Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
·	
T agree that the trust may provide my details to the 6	
I agree that the trust may provide my details to the S	
Note: This statement only applies to trust members,	directors and governors.
	,
Signature fagh high	
Date 20/06 (18	,



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

I am a Member o	of the following Bo	dies within the Tru	st		
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	WAITES			
Forename(s)	NATHAN			
Previous Name(s)				
Residential Address/Address of registered office	15 ARRAN CLOSE, PO6300			
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 education	onal establishment where you are em	ployed 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, CONTERL RD, POOLGY	(HIEF FINANCIAL R OPERATING OFFILER	
	,		

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



	ACADEMY TRUST		
Are you a relation of or in a relationship with any s governor within the trust?	chool employee, trust member, trust director or school		
Name of Person	Nature of relationship		
Is there any other conflict of interest that you are a	ware of?		
13 there any other conflict of interest that you are a	wale or:		
Nature of Conflict	Supporting Information		
ONLY EMPLOYMENT			
	conflict of interest as defined in the above questions? If other Conflict of Interest Statement for them and attach		
Name of Person	Nature of conflict		
	·		
I agree that the trust may provide my details to the	e Secretary of State for Education if so requested.		
Note: This statement only applies to trust members	s, directors and governors.		
Signature / / /	» »-		
Date 20/06/18	20/06/18.		



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

I am a Member o	f the following Bo	dies within the Tru	st		
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 M	nembers only are not required to complete this section
Surname	WHITE
Forename(s)	JUSTEEN MAPPLE
Previous Name(s)	WALKER
Residential Address/Address of registered office	43 LOWER DRAYTON LANE
Date of entry to register	for amost H
Date of last update/cessation of entry on register	POBLEN
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				
HAMBHRE COUTOCOUNCIL.				

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		



Name of Person	Nature of relationship
s there any other conflict of interest that you are a	ware of?
ature of Conflict	Supporting Information
Same and the same of the same	
o please detail their name below and complete and this statement.	
o please detail their name below and complete and below and below and complete and below and belo	onflict of interest as defined in the above questions? ther Conflict of Interest Statement for them and atta Nature of conflict
o please detail their name below and complete and othis statement.	ther Conflict of Interest Statement for them and atta
o please detail their name below and complete and this statement.	ther Conflict of Interest Statement for them and atta Nature of conflict
o please detail their name below and complete and others statement.	ther Conflict of Interest Statement for them and atta Nature of conflict
o please detail their name below and complete and this statement.	Nature of conflict
agree that the trust may provide my details to the	Nature of conflict Secretary of State for Education if so requested.
agree that the trust may provide my details to the	Nature of conflict Secretary of State for Education if so requested.
agree that the trust may provide my details to the lote: This statement only applies to trust members,	Nature of conflict Secretary of State for Education if so requested.
o please detail their name below and complete and to this statement. Name of Person agree that the trust may provide my details to the Note: This statement only applies to trust members,	Nature of conflict Secretary of State for Education if so requested. directors and governors.
So please detail their name below and complete anoto this statement. Name of Person I agree that the trust may provide my details to the Note: This statement only applies to trust members,	Nature of conflict Secretary of State for Education if so requested.



Trust Membership/Conflict of Interest Statement for: CHRISTOPHER DOHERTY

I am a Member	of the following	Bodies within th	ne 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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00		

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

SS	Dala fau Duainaga		
	Role for Business	Address of Business	Name of Business
		 NA	
		 / //-	



	Nature of relationship
	1//1
:	
Is there any other conflict of interest t	hat you are aware of?
Nature of Conflict	Supporting Information
Statement for them and attach to this statement for them and attach to this state and the state of Person	ne below and complete another Conflict of Interest statement. Nature of conflict
	NI
	14.
agree that the trust may provide my o	details to the Secretary of State for Education if so
equested.	details to the Secretary of State for Education if so ust members, directors and governors.
equested.	`



Trust Membership/Conflict of Interest Statement for: MATTHEW HUTTON

am a Member o	f the following Bo	dies within the Tru	st		
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 M	embers only are not required to complete this section)
Surname	HUTTON
Forename(s)	MATTHEN DAVID
Previous Name(s)	
Residential Address/Address of registered office	7 MEADON EDGE,
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 educa	ational establishment where you are e	mployed 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		
M		

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



	ACADEMY TRUST
Are you a relation of or in a relations governor within the trust?	ship with any school employee, trust member, trust director or school
Name of Person	Nature of relationship
N/A	
N/A -	<u> </u>
N/A	7
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 frien so please detail their name below and to this statement.	ds have any conflict of interest as defined in the above questions? If domplete another Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
W/A	
V/A -	
V/A	3
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 t	rust members, directors and governors.
Signature // //	2
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
			.*		4

My Personal Details (Individuals who are Key Staff M	Nembers only are not required to complete this section)
Surname	BARLOW
Forename(s)	RICHARD
Previous Name(s)	
Residential Address/Address of registered office	30 CHETWIND ROAD, PO4 ONB
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	
LIAVINTA SOUTH DOWS	COLLEGE ROAD,	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

Mairie of Dusifiess	Address of Business	Noic for Dusiness
	٠,٠	**



	Salleilis ACADEMY TRUST
Are you a relation of or in a relationship with any schegovernor within the trust?	ool employee, trust member, trust director or school
Name of Person	Nature of relationship
Is there any other conflict of interest that you are aw	are of?
Nature of Conflict	Supporting Information
· · · · · · · · · · · · · · · · · · ·	
and any law of all the as	
	reflict of interest as defined in the above questions? If
so please detail their name below and complete another to this statement.	nflict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
Name of Ferson	Nature or connec
	•
I agree that the trust may provide my details to the S	Secretary of State for Education if so requested.
Note: This statement only applies to trust members,	directors and governors.
Signature	
Date 13/4 18	•



Trust Membership/Conflict of Interest Statement for:

I am a Member	of the following	Bodies within th	e 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 De	tails <i>(Individuals</i>	s who are Key Sta	aff Members only	are not required	d to complete
Surname			BARRATT		
Forename(s)		Julie			
Previous Name((s)				
Residential Add	ress/Address of I	registered office	23 COLUM POS OWJ	BINE WAY,	CLANFIELD
Date of entry to	register				
Date of last upo register	date/cessation of	entry on			
	to pay by way o ies to The Salteri		A sum not exce	eding £10.00	
Name any other trustee/governo	•	ational establishr	ment where you a	are employed or	act as a
Name of Charity Establishment	//Educational	Address of Cha Establishment	rity/Educational	Role for Charity Establishment	/Educational
Name any busir business with th		are a shareholdei	, director or emp	oloyee that may o	conduct
Name of	Business	Address o	of Business	Role for	Business
			:		

Salterns Academy Trust: Policy



	n of or in a relationship with and or within the trust?	y school employee, trust member, trust director
Name of Person		Nature of relationship
Is there any other	er conflict of interest that you ar	re aware of?
Nature of Conflic	t	Supporting Information
-		
questions? If so	elations or close friends have ar please detail their name below em and attach to this statemen	ny conflict of interest as defined in the above and complete another Conflict of Interest t.
Name of Person		Nature of conflict
-		
I agree that the requested.	trust may provide my details to	the Secretary of State for Education if so
Note: This state	ment only applies to trust memb	bers, directors and governors.
•		
Signature	Inlistanoth	·



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

I am a Member o	of the following Bo	dies within the Tru	st		
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 Parsanal Datails (Individuals who are Voy Ctaff A	dambara anti- are not required to accordate this action.
My Personal Details (Individuals who are key Stair I	Members only are not required to complete this section)
Surname	BENNETT
Forename(s)	JOANNE LOUISE
Previous Name(s)	
Residential Address/Address of registered office	176 NORTHERN PARADE, MILSES PORTSMOUTTI, POZGLT,
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 educa	itional establishment where you are e	mployed 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

Address of Business	Role for Business	
civic em cos, Guidral	Heady Business Gro	N
Square	Kelatianshyp) & Sup	P



		ACADEMI TROST
Are you a relation governor within the		p with any school employee, trust member, trust director or school
Name of Person		Nature of relationship
Is there any other	conflict of interest t	nat you are aware of?
Nature of Conflict		Supporting Information
Do any of your relations of please detail the to this statement.	ations or close friend Fir name below and	Is have any conflict of interest as defined in the above questions? If complete another Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
	ı	
I agree that the tru	ust may provide my	details to the Secretary of State for Education if so requested.
Note: This stateme	ent only applies to t	rust members, directors and governors.
Signature	Ben	A)
Date	12 191	18 -



Trust Membership/Conflict of Interest Statement for: TRACH KYLG

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 this section)	tails <i>(Individuals</i>	who are Key Sta	aff Members only	are not required	l to complete
Surname		KYLE			
Forename(s)		TRACY			
Previous Name(s)					
Residential Address/Address of registered office		6 STATION	ROAD, PORT	SMOUTH, POS	
Date of entry to register					
Date of last upo	late/cessation of	entry on			
Amount agreed to pay by way of guarantee (note only applies to The Salterns Trust Members)		A sum not exce	eding £10.00	· .	
Name any other trustee/governo	•	ational establishr	ment where you a	are employed or	act as a
Name of Charity	//Educational	Address of Char Establishment	rity/Educational	Role for Charity Establishment	/Educational
Establishment		Aldingbourne Country entre, Chickester, POI 80JP			
Establishment	IRNE TRUST	Aldingbayons GREVE, Chick	e (ountry ester, POI ZOJA	SUPPORT	WORKER
Establishment ALDINGBOU	IRNE TRUST	Gentre, Chick	e (ountry Lester, POI 80JF DRRELL CENTRE	·	
Establishment ALDINGBOU PORTSMOUTH Name any busir	PARENT VOIC	E FRANK S	ester, POIZOJA	VOLUNTEE	R PARENT RE
Establishment ALDINGBOU PORTSMOUTH Name any busin business with the	PARENT VOIC	TE FRANK Some a shareholder	ester, 20120JA	voluntee	R PARENT RE
Establishment ALDINGBOU PORTSMOUTH Name any busin business with the	ness where you a	TE FRANK Some a shareholder	ester, POI 2016 DREELI CENTRE	voluntee	R PARENT RE

Salterns Academy Trust: Policy

February 2015 Updated: June 2017



Are you a relation of or in a relationship with an or school governor within the trust?	y school employee, trust member, trust director
Name of Person	Nature of relationship
Is there any other conflict of interest that you a	re aware of?
Nature of Conflict	Supporting Information
Do any of your relations or close friends have an questions? If so please detail their name below Statement for them and attach to this statemen	and complete another Conflict of Interest
Name of Person	Nature of conflict
I agree that the trust may provide my details to requested.	the Secretary of State for Education if so
Note: This statement only applies to trust members	bers, directors and governors.
Signature /h.A.	



Trust Membership/Conflict of Interest Statement for: Lund Meades.

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 Det	tails <i>(Individuals</i>	s who are Key Sta	aff Members only	are not required	to complete
Surname			MEADES		
Forename(s)			LUAM		
Previous Name(s)			DAVIES		
Residential Address/Address of registered office			6 LYDNEY	CLOSE, PORT	SMOUTH, ROL
Date of entry to register				12018	•
Date of last upd register	late/cessation of	f entry on			
Amount agreed (note only appli Members)		_	A sum not exce	eding £10.00	
Name any other trustee/governo	•	ational establish	ment where you	are employed or	act as a
Name of Charity/Educational Establishment Address of Charity Establishment		rity/Educational	Role for Charity Establishment	/Educational	
			r, director or emp	ployee that may	conduct
		are a shareholde	,		
business with th			of Business	Role for	Business
business with th	ne trust			Role for	Business



Are you a relation of or in a relationship with or school governor within the trust?	n any school employee, trust member, trust director
Name of Person	Nature of relationship
Is there any other conflict of interest that yo	u are aware of?
Nature of Conflict	Supporting Information
	e any conflict of interest as defined in the above ow and complete another Conflict of Interest nent.
Name of Person	Nature of conflict
<u> </u>	
I agree that the trust may provide my details requested.	s to the Secretary of State for Education if so
Note: This statement only applies to trust me	embers, directors and governors.
Signature	
Date 13/09/2018	



Trust Membership/Conflict of Interest Statement for: STACEY RYAN

I am a Member of	f the following	Bodies within the	e 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 Deta this section)	ils <i>(Individuals</i>	who are Key Sta	aff Members only	are not required	to complete
Surname			RYAN (FERRETT).		
Forename(s)			STACEY.		
Previous Name(s))				
Residential Addre	ss/Address of I	registered office	CloTra	falgar S	chool.
Date of entry to r	egister				
Date of last update register	te/cessation of	entry on			
Amount agreed to (note only applies Members)			A sum not exce	eding £10.00	
Name any other of trustee/governor	charity or educ	ational establish	ment where you a	are employed or	act as a
Name of Charity/Educational Establishment		Address of Charity/Educational Establishment		Role for Charity/Educational Establishment	
		NA	\		
Name any busine business with the		NA	r, director or emp	oloyee that may	conduct
Name any busine	e trust	are a shareholde	r, director or emp		conduct Business
Name any busine business with the	e trust	are a shareholde			

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or school governor within the trust?	y school employee, trust member, trust director
Name of Person	Nature of relationship
	- NA -
Is there any other conflict of interest that you ar	re aware of?
Nature of Conflict	Supporting Information
	MA
Do any of your relations or close friends have an questions? If so please detail their name below a Statement for them and attach to this statement Name of Person	and complete another Conflict of Interest
questions? If so please detail their name below a Statement for them and attach to this statement	and complete another Conflict of Interest t.
questions? If so please detail their name below a Statement for them and attach to this statement Name of Person I agree that the trust may provide my details to requested.	nand complete another Conflict of Interest t. Nature of conflict , the Secretary of State for Education if so
questions? If so please detail their name below a Statement for them and attach to this statement Name of Person I agree that the trust may provide my details to requested.	nand complete another Conflict of Interest t. Nature of conflict the Secretary of State for Education if so
questions? If so please detail their name below a Statement for them and attach to this statement Name of Person I agree that the trust may provide my details to requested.	nand complete another Conflict of Interest t. Nature of conflict , the Secretary of State for Education if so
questions? If so please detail their name below a Statement for them and attach to this statement Name of Person	nand complete another Conflict of Interest t. Nature of conflict , the Secretary of State for Education if so



Trust Membership/Conflict of Interest Statement for: KAREN TYRRELL

I am a Member o	of the following Bo	dies within the Tru	st		
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
				✓	✓

embers only are not required to complete this section)
TYRRELL
TYRRELL
MAYLOTT
23 GATLOMBE AVE PORTIMOUTH POIS SHE
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		
A)A				



		ACADEMY IKOST
Are you a relation governor within th		school employee, trust member, trust director or school
Name of Person		Nature of relationship
NIA	`	
Is there any other	conflict of interest that you are	aware of?
Nature of Conflict		Supporting Information
No		
		conflict of interest as defined in the above questions? If nother Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
150		
I agree that the tr	ust may provide my details to th	e Secretary of State for Education if so requested.
Note: This stateme	ent only applies to trust member	rs, directors and governors.
Signature	KTYWED	Q
Date	19/2/16	



Trust Membership/Conflict of Interest Statement for: ROBERTA YOUNG

I am a Member o	of the following Bo	dies within the Tru	st		
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 Mo	embers only are not required to complete this section)
Surname	YOUNG.
Forename(s)	YOUNG. ROBERTA LEXEY.
Previous Name(s)	EAWHER.
Residential Address/Address of registered office	SALTERNS ACADEMY TRUST.
Date of entry to register	REBENARY 2015
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 educa	tional establishment where you are e	mployed 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 sch	ool employee, trust member, trust director or school
governor within the	ne trust?	oor employee, trust member, trust director or school
Name of Person		Nature of relationship
	1 -	
	DA.	
Is there any other	conflict of interest that you are awa	are of?
Nature of Conflict		Supporting Information
SON WOR	EKS FOR PICEON UK.	
DAVEHTER	IN-LAW WORKS FOR DELOITTES	
Do any of your rel so please detail th to this statement.	ations or close friends have any cor eir name below and complete anoth	flict of interest as defined in the above questions? If er Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
I agree that the tr	ust may provide my details to the Si	ecretary of State for Education if so requested.
Wote: This stateme	ent only applies to trust members, c	irectors and governors.
	, An M	
Signature	Ellant	
Date	17/9/18.	



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

I am a Member	of the following	Bodies within th	ne 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 (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				
·				



Name of Person		Nature of relationship
N/A		
7 / / /		
Is there any other conflict of inter	est that you	are aware of?
Nature of Conflict		Supporting Information
NIA		

		•
Do any of your relations or close f	riends have a	any conflict of interest as defined in the above
questions? If so please detail their Statement for them and attach to	r name below	
questions? If so please detail their Statement for them and attach to	r name below	and complete another Conflict of Interest
questions? If so please detail their Statement for them and attach to	r name below this stateme	nt.
questions? If so please detail their Statement for them and attach to Name of Person	r name below this stateme	nt. Nature of conflict ,
questions? If so please detail their Statement for them and attach to Name of Person	r name below this stateme	nt.
questions? If so please detail their Statement for them and attach to Name of Person \(\setminus \begin{align*} align	r name below this stateme	nt. Nature of conflict ,
questions? If so please detail their Statement for them and attach to Name of Person \(\setminus \int \begin{align*} A \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	name below this stateme	nt. Nature of conflict o the Secretary of State for Education if so
questions? If so please detail their Statement for them and attach to Name of Person	name below this stateme	nt. Nature of conflict o the Secretary of State for Education if so
questions? If so please detail their Statement for them and attach to Name of Person \(\seta \) \(\beta \) I agree that the trust may provide requested.	name below this stateme	nt. Nature of conflict o the Secretary of State for Education if so



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

I am a Member	of the following	Bodies within th	ne 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 De	tails <i>(Individuals</i>	s who are Key St	taff Members only	are not required	to complete
Surname			Aguilino		
Forename(s)			Aquilino		
Previous Name((s)				
Residential Add	ress/Address of	registered office			
Date of entry to	register		19/2/13	3 :	
Date of last upo register	date/cessation o	f entry on			
	to pay by way o lies to The Salter		A sum not exce	eding £10.00	
Name any othe trustee/governo	•	cational establish	ment where you	are employed or	act as a
Name of Charit Establishment	y/Educational	Address of Cha Establishment	arity/Educational	Role for Charity Establishment	/Educational
				NA	
Name any busin business with t		are a shareholde	er, director or emp	oloyee that may	conduct
Name of	[†] Business	Address	of Business	Role for	Business
				1114	
				WM	

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Are you a relation of or in a relationshi or school governor within the trust?	p with any school employee, trust member, trust director
Name of Person	Nature of relationship
	NA
	·
Is there any other conflict of interest the	nat you are aware of?
Nature of Conflict	Supporting Information
	NA
Do any of your relations or close frience questions? If so please detail their name Statement for them and attach to this	Is have any conflict of interest as defined in the above ne below and complete another Conflict of Interest statement.
questions? If so please detail their nam	ne below and complete another Conflict of Interest
questions? If so please detail their nam Statement for them and attach to this	ne below and complete another Conflict of Interest statement.
questions? If so please detail their nam Statement for them and attach to this	ne below and complete another Conflict of Interest statement.
questions? If so please detail their nam Statement for them and attach to this	ne below and complete another Conflict of Interest statement.
questions? If so please detail their nam Statement for them and attach to this	ne below and complete another Conflict of Interest statement.
questions? If so please detail their nam Statement for them and attach to this Name of Person	ne below and complete another Conflict of Interest statement.
questions? If so please detail their nam Statement for them and attach to this Name of Person I agree that the trust may provide my requested.	ne below and complete another Conflict of Interest statement. Nature of conflict WA
questions? If so please detail their nam Statement for them and attach to this Name of Person I agree that the trust may provide my requested.	ne below and complete another Conflict of Interest statement. Nature of conflict Additional complete another Conflict of Interest statement.
questions? If so please detail their nam Statement for them and attach to this Name of Person I agree that the trust may provide my requested. Note: This statement only applies to tr	ne below and complete another Conflict of Interest statement. Nature of conflict Add details to the Secretary of State for Education if so



Trust Membership/Conflict of Interest Statement for: REBECCA BRITTI

I am a Member o	of the following Bo	dies within the Tru	st		
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 M	Members only are not required to complete this section)
Surname	BRM1
Forename(s)	REBECCA
Previous Name(s)	PENTNEY
Residential Address/Address of registered office	3 KNOTGRASS RP, LOCKS HEATH, SOTI 6X1
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		
N/A				



	ACADEMY TRUST
Are you a relation of or in a relationship with any so governor within the trust?	hool employee, trust member, trust director or school
Name of Person	Nature of relationship
NA	
Is there any other conflict of interest that you are av	vare of?
Nature of Conflict	Supporting Information
N/A	
Do any of your relations or close friends have any co so please detail their name below and complete anot to this statement.	onflict of interest as defined in the above questions? If their Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
NIA	
I agree that the trust may provide my details to the S	Secretary of State for Education if so requested.
Note: This statement only applies to trust members,	directors and governors.
Signature Andre	
Date 5/7/16	



Trust Membership/Conflict of Interest Statement for: DAVINA CHERRY

I am a Member	of the following	Bodies within th	ne 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 Stathis section)	off Members only are not required to complete
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 (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:		Application of the complete section of the complete se		

Name any business where you are a shareholder, director or employee that may conduct business with the trust					
Name	Name of Business Address of Business Role for Business				
N	14				



Are you a relation of or in a relationship with a or school governor within the trust?	ny school employee, trust member, trust director
Name of Person	Nature of relationship
NA.	
Is there any other conflict of interest that you a	are aware of?
Nature of Conflict	Supporting Information
NA.	
Do any of your relations or close friends have a questions? If so please detail their name below Statement for them and attach to this statemer	and complete another Conflict of Interest
Name of Person	Nature of conflict
NA.	
<i>:</i>	*
I agree that the trust may provide my details to requested.	the Secretary of State for Education if so
Note: This statement only applies to trust mem	bers, directors and governors.
Signature Dla	· · · · · · · · · · · · · · · · · · ·
Date 24915	
recommendation of the control of the	and the first of t



Trust Membership/Conflict of Interest Statement for: SARAH COOPER

I am a Member o	of the following Bo	dies within the Tru	st		
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 s				
Surname	COOPER			
Forename(s)	SARAU.			
Previous Name(s)				
Residential Address/Address of registered office	c/o ADMIRAL LOED NELSON SCHOOL			
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			

	Establishment	Establishment
N/A.		

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



Are you a relation of or in a relationship with any sch	nool employee, trust member, trust director or school
governor within the trust?	and employee, trast member, trast uncetor of school
Name of Person	Nature of relationship
NA	
Is there any other conflict of interest that you are aw	are of?
Nature of Conflict	Supporting Information
	Supporting Information
N/A	
는 하면 한번에 바다를 하는 것이 되었다. - 한 한 한 번째 사람들이 있는데 하는 사람들의 사람들에게 하는 사람이라.	
Do any of your relations or close friends have any cor	nflict of interest as defined in the above questions? If
to this statement.	ner Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
N/A.	
I agree that the trust may provide my details to the S	
Note: This statement only applies to trust members, or	directors and governors.
Signature Council .	
Date 25/9/18.	



Trust Membership/Conflict of Interest Statement for: SAMANTHA EASSON

The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
<u> </u>				/	

My Personal Details (Individuals who are Key Staff Members only are not required to complet 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 (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					



Name of Person		Nature of relationship
NA		
Is there any other conflict of interest th	at you are	e aware of?
Nature of Conflict		Supporting Information
NA		
,		
questions? If so please detail their name	e below ar	conflict of interest as defined in the above and complete another Conflict of Interest
Do any of your relations or close friends questions? If so please detail their name Statement for them and attach to this s Name of Person	e below ar tatement.	conflict of interest as defined in the above nd complete another Conflict of Interest Nature of conflict
questions? If so please detail their name Statement for them and attach to this s	e below ar tatement.	nd complete another Conflict of Interest
questions? If so please detail their name Statement for them and attach to this s	e below ar tatement.	nd complete another Conflict of Interest
questions? If so please detail their name Statement for them and attach to this s	e below ar tatement.	nd complete another Conflict of Interest
questions? If so please detail their name Statement for them and attach to this s	e below ar tatement.	nd complete another Conflict of Interest
questions? If so please detail their name Statement for them and attach to this so the Name of Person A A T T T T T T T T T T T	e below ar	nd complete another Conflict of Interest
questions? If so please detail their name Statement for them and attach to this so the secondary of the seco	e below ar tatement.	Nature of conflict he Secretary of State for Education if so
questions? If so please detail their name Statement for them and attach to this so the secondary of the seco	e below ar tatement.	Nature of conflict he Secretary of State for Education if so
questions? If so please detail their name Statement for them and attach to this solution Name of Person	e below ar tatement.	Nature of conflict he Secretary of State for Education if so



Trust Membership/Conflict of Interest Statement for: VANESSA ETHERINGTON

I am a Member o	of the following Bo	dies within the Tru	st		
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 M	lembers only are not required to complete this section)
Surname	ETHERINGTON
Forename(s)	VANESSIA
Previous Name(s)	BLOCK (JONES).
Residential Address/Address of registered office	28 DENVILLES CLOSE, HAVANT
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 educat	ional establishment where you are e	mployed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	10/12	
	/.	

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



		ACADEMY TRUST
Are you a relation of c governor within the tr		pool employee, trust member, trust director or school
Name of Person		Nature of relationship
	7	10
Is there any other con	iflict of interest that you are awa	ere of?
	mice of interest that you are awa	<u> </u>
Nature of Conflict		Supporting Information
Do any of your relation so please detail their reto this statement.	ns or close friends have any con name below and complete anoth	flict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
) ('
I agree that the trust r	may provide my details to the S	ecretary of State for Education if so requested.
Note: This statement of	only applies to trust members, c	directors and governors.
Signature	2 Eternestor	^
Date	17. 9. 18	



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

I am a Member o	f the following Bo	dies within the Tru	st		
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 Mo	embers only are not required to complete this section)
Surname	FENNER
Forename(s)	FENNER
Previous Name(s)	
Residential Address/Address of registered office	32 NARO ROAD, SONTHUE A
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 educa	ational establishment where you are e	employed or act as a trustee/governor
Traine of Charley Education at		Role for Charity/Educational Establishment
N/A	N/A	N/P
NA		

Name any business where you are trust	a shareholder, director or employe	e that may conduct business with the
Name of Business	Address of Business	Role for Business
И/А	N/A	w/Q



ACADEMY TRUST
y school employee, trust member, trust director or school
Nature of relationship
N/O
e aware of? No
Supporting Information
y conflict of interest as defined in the above questions? If another Conflict of Interest Statement for them and attach
Nature of conflict
alu
he Secretary of State for Education if so requested.
ers, directors and governors.



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

I dill di l'icilibei	of the following	Dodies Widilii di	C IIUSL		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Salterns Trust Board of Directors Body ALNS Local Governing Body		Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member	
				✓	
My Personal De this section)	tails <i>(Individuals</i>	who are Key St	aff Members only	are not required	d to complete
Surname			I FIRTH		
Forename(s)		JOHN			
Previous Name	(s)				
Residential Address/Address of registered office		% ALA	JS		
Date of entry to	register				
Date of last upo	date/cessation of	entry on			
Amount agreed to pay by way of guarantee (note only applies to The Salterns Trust Members)		A sum not exce	eding £10.00		

Name any other charity or eductrustee/governor	cational establishment where you	are employed or act as a
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	
	NIA		
	18.0		

Salterns Academy Trust: Policy



Name of Person	Nature of relationship
The second secon	
\mathcal{N}	
Is there any other conflict of interest that you a	re aware of?
Nature of Conflict	Supporting Information
1	/ A
L	
E SANDE EL MANTE EL MANTE DE LA COMPANION DE L	
Do any of your relations or close friends have a	ny conflict of interest as defined in the above
Do any of your relations or close friends have ar questions? If so please detail their name below	and complete another Conflict of Interest
	and complete another Conflict of Interest
questions? If so please detail their name below	and complete another Conflict of Interest
questions? If so please detail their name below Statement for them and attach to this statemen	and complete another Conflict of Interest t.
questions? If so please detail their name below Statement for them and attach to this statemen	and complete another Conflict of Interest t.
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questions? If so please detail their name below Statement for them and attach to this statemen	and complete another Conflict of Interest t.
questions? If so please detail their name below Statement for them and attach to this statemen Name of Person	and complete another Conflict of Interest t. Nature of conflict
questions? If so please detail their name below Statement for them and attach to this statemen	and complete another Conflict of Interest t. Nature of conflict
questions? If so please detail their name below Statement for them and attach to this statemen Name of Person I agree that the trust may provide my details to requested.	and complete another Conflict of Interest t. Nature of conflict the Secretary of State for Education if so
questions? If so please detail their name below Statement for them and attach to this statemen Name of Person I agree that the trust may provide my details to	and complete another Conflict of Interest t. Nature of conflict the Secretary of State for Education if so
questions? If so please detail their name below Statement for them and attach to this statemen Name of Person I agree that the trust may provide my details to requested. Note: This statement only applies to trust members.	and complete another Conflict of Interest t. Nature of conflict the Secretary of State for Education if so
questions? If so please detail their name below Statement for them and attach to this statemen Name of Person I agree that the trust may provide my details to requested.	and complete another Conflict of Interest t. Nature of conflict the Secretary of State for Education if so



Trust Membership/Conflict of Interest Statement for: MARTIN FULLER

I am a Member o	f the following Bo	dies within the Tru	st		
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	Fuller		
Forename(s)	Martin		
Previous Name(s)			
Residential Address/Address of registered office	Cere of school		
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 educa	ntional establishment where you are e	employed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	WA	

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



		ACADEMY TRUST
Are you a relation governor within th	of or in a relationship with any s ne trust?	school employee, trust member, trust director or school
Name of Person		Nature of relationship
Is there any other	conflict of interest that you are a	aware of?
Nature of Conflict		Supporting Information
		N/A
Do any of your related so please detail the to this statement.	ations or close friends have any o eir name below and complete an	conflict of interest as defined in the above questions? If other Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
		· · · · · · · · · · · · · · · · · · ·
I agree that the tr	ust may provide my details to the	e Secretary of State for Education if so requested.
Note: This stateme	ent only applies to trust members	s, directors and governors.
Signature	9.4	
Date	1.10.18	



Trust Membership/Conflict of Interest Statement for: CATHERINE GREEN

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	extractivities and the second of said states and the			
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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00			

Name any other charity or educative trustee/governor ~\(\omega_{\infty}\eta	any other charity or educational establishment where you are employed or act as a elegovernor NoNe			
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment		
		And the Control of th		

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



Name of Person	Nature of relationship
Is there any other conflict of interest the	hat you are aware of? \mathcal{N}_{o}
Nature of Conflict	Supporting Information
,	,
questions? If so please detail their nam	Is have any conflict of interest as defined in the above ne below and complete another Conflict of Interest
questions? If so please detail their nam Statement for them and attach to this	ne below and complete another Conflict of Interest statement. No
questions? If so please detail their nam Statement for them and attach to this	ne below and complete another Conflict of Interest
questions? If so please detail their nam Statement for them and attach to this	ne below and complete another Conflict of Interest statement. No o
questions? If so please detail their nam Statement for them and attach to this	ne below and complete another Conflict of Interest statement. No
Do any of your relations or close friend questions? If so please detail their nam Statement for them and attach to this s Name of Person	ne below and complete another Conflict of Interest statement. No Nature of conflict
questions? If so please detail their nam Statement for them and attach to this s Name of Person I agree that the trust may provide my o	ne below and complete another Conflict of Interest statement. No Nature of conflict
questions? If so please detail their nam Statement for them and attach to this some of Person I agree that the trust may provide my exequested.	Nature of conflict Nature of conflict
questions? If so please detail their nam Statement for them and attach to this some of Person I agree that the trust may provide my exequested.	Nature of conflict Mean and complete another Conflict of Interest statement. Nature of conflict details to the Secretary of State for Education if so
questions? If so please detail their nam Statement for them and attach to this some of Person I agree that the trust may provide my erequested.	Nature of conflict Nature of State for Education if so



Trust Membership/Conflict of Interest Statement for: KATIE HOLNESS

I am a Member o	f the following Bo	dies within the Tru	st		
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 Me	embers only are not required to complete this section)
_	817. 1400
Surname	KATE
Earanama(s)	1/1000
Forename(s)	KATILE
Previous Name(s)	T. PANT 1 DAYNIC
rievious Nairie(s)	HALLOW THE MAN TO SERVE
Residential Address/Address of registered office	LLANT PAYNE. SUNNYSIDE COTTAGE VAPTON ROAD CLIMPING DEST SUSSEX BUIT SEU
Residential Address Andress of registered office	CLIMPING DEST SUSSEX BUILDED
Date of entry to register	
bate of officer to regions.	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (note	A sum not exceeding £10.00
only applies to The Salterns Trust Members)	

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	
	NIA		

shareholder, director or employee the	nat may conduct business wit
Address of Business	Role for Business
NIA.	



	ACADEMY TRUST
Are you a relation of or in a relationship with any sch governor within the trust?	nool employee, trust member, trust director or school
Name of Person	Nature of relationship
	NIA
Is there any other conflict of interest that you are aw	are of?
Nature of Conflict	Supporting Information
	NIA
Do any of your relations or close friends have any cor so please detail their name below and complete anoth to this statement.	nflict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
	NIA.
I agree that the trust may provide my details to the S	Secretary of State for Education if so requested.
Note: This statement only applies to trust members, o	directors and governors.
,	
Signature	·
Date 17/7/18 \	



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

am a Member o	of the following Bo	dies within the Tru	st		
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
A lor				✓	

My Personal Details (Individuals who are Key Staff Me	embers 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 (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	
WESTOVER PRIMARY SCH	WESTOVE & LOAD BAFFINS PORTSMOUTH	Croveenol.	
LITTLE ADMIRALS SCH	ALMS, DUMOAS LANG PORTSMOUTH	CHAIRPELSON	

ne any business where you are a t	a shareholder, director or employee t	hat may conduct business with
Name of Business	Address of Business	Role for Business



	ACADEMY TRUST		
Are you a relation of or in a relationship with any so governor within the trust?	chool employee, trust member, trust director or school		
Name of Person	Nature of relationship		
PAULA JOHNSON	WIFE.		
Is there any other conflict of interest that you are a	ware of?		
Nature of Conflict	Supporting Information		
none			
Do any of your relations or close friends have any c so please detail their name below and complete and to this statement.	onflict of interest as defined in the above questions? If other Conflict of Interest Statement for them and attach		
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 9718			



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

I am a Member o	of the following Bo	dies within the Tru	st		
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 M	Members only are not required to complete this section)
Surname	Kenr
Forename(s)	LEWIS
Previous Name(s)	
Residential Address/Address of registered office	SALTERNS ACADEMY TRUST
Date of entry to register	19/2/19
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	
	NA		

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



	ACADEMY TRUST
Are you a relation of or in a relationship with any sch governor within the trust?	ool employee, trust member, trust director or school
Name of Person	Nature of relationship
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	NA
Is there any other conflict of interest that you are aw	rare of?
Nature of Conflict	Supporting Information
	. \ 0
	NA
Do any of your relations or close friends have any conso please detail their name below and complete another to this statement.	nflict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
	NA
I agree that the trust may provide my details to the S	Secretary of State for Education if so requested.
Note: This statement only applies to trust members,	directors and governors.
Signature Usus	
Date 19/2/19	



Trust Membership/Conflict of Interest Statement for: LEE MORGAN

I am a Member	of the following	Bodies within th	ne 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 Stathus section)	off Members only are not required to complete
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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10,00

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

Name any business where you a business with the trust	are a shareholder, dire	ctor or emp	ployee that may conduct
Name of Business	Address of Business		Role for Business
		-	



		Nature of relationship
CAROLINE MORGAN		SPOUSE
Is there any other conflict of intere	est that you a	re aware of?
Nature of Conflict		Supporting Information
questions? If so please detail their Statement for them and attach to t	name below	
questions? If so please detail their	name below	and complete another Conflict of Interest
questions? If so please detail their Statement for them and attach to t	name below	and complete another Conflict of Interest t.
questions? If so please detail their Statement for them and attach to t	name below	and complete another Conflict of Interest t.
questions? If so please detail their Statement for them and attach to t Name of Person	name below this statemen	and complete another Conflict of Interest t.
questions? If so please detail their Statement for them and attach to to Name of Person Tagree that the trust may provide	name below this statemen	and complete another Conflict of Interest t. Nature of conflict the Secretary of State for Education if so
questions? If so please detail their Statement for them and attach to the Name of Person agree that the trust may provide requested.	name below this statemen	and complete another Conflict of Interest t. Nature of conflict the Secretary of State for Education if so



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

I am a Member	of the following	Bodies within th	ne 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 Stathis section)	ff Members only are not required to complete
Surname	· 在中央政策的主義是中央共和國共產黨的基礎。 - 1
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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00

ational establishment where you	are employed or act as a
Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	And the second of the second o
-	Address of Charity/Educational

Name any business where you a business with the trust	are a shareholder, dire	ctor or emp	ployee that may conduct
Name of Business	Address of Business		Role for Business
NIL			



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 questions? If so please detail their name below	any conflict of interest as defined in the above wand complete another Conflict of Interest
questions? If so please detail their name below Statement for them and attach to this stateme	v and complete another Conflict of Interest
Do any of your relations or close friends have questions? If so please detail their name below Statement for them and attach to this statemed Name of Person	v and complete another Conflict of Interest ent.
questions? If so please detail their name below Statement for them and attach to this stateme Name of Person	v and complete another Conflict of Interest ent.
questions? If so please detail their name below Statement for them and attach to this stateme Name of Person	v and complete another Conflict of Interest ent.
questions? If so please detail their name below Statement for them and attach to this statement Name of Person	Nature of conflict Nature of conflict
questions? If so please detail their name below Statement for them and attach to this statemed Name of Person AIL I agree that the trust may provide my details to the statement of the stateme	Nature of conflict Nature of conflict
questions? If so please detail their name below Statement for them and attach to this statement Name of Person	Nature of conflict Nature of conflict to the Secretary of State for Education if so
questions? If so please detail their name below Statement for them and attach to this statemed Name of Person All I agree that the trust may provide my details to requested.	Nature of conflict Nature of conflict to the Secretary of State for Education if so
questions? If so please detail their name below Statement for them and attach to this statemed Name of Person All I agree that the trust may provide my details trequested.	Nature of conflict Nature of conflict To the Secretary of State for Education if so mbers, directors and governors.



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

I am a Member o	f the following Bo	dies within the Tru	st		
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 M	nembers only are not required to complete this section
Surname	Rosans
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 (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		
	NA			

e any business where you are	a shareholder, director or employee t	that may conduct business wit
Name of Business	Address of Business	Role for Business
	WA	



		ACADEMY TRUST
Are you a relation governor within th		nool employee, trust member, trust director or school
Name of Person		Nature of relationship
	,,,4	
	N M	
Is there any other	conflict of interest that you are aw	vare of?
Nature of Conflict		Supporting Information
		2
	NO -	
	•	
Do any of your rol	ptions or close fulends have any	wellish of inhouseh so defined in the short surrection 2.76
so please detail the to this statement.	eir name below and complete anot	nflict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
	110	
	\mathcal{N}	
I agree that the tr	ust may provide my details to the S	Secretary of State for Education if so requested.
Note: This stateme	ent only applies to trust members,	directors and governors.
Signature	AMA	
Date	5/7/18	



Trust Membership/Conflict of Interest Statement for: TARA SMITH

The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Ke Staff Membe
				✓	

My Personal Details (Individuals who are Key Staff M	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 (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		



ACADEMY TRUST
any school employee, trust member, trust director or school
Nature of relationship
are aware of?
Supporting Information
any conflict of interest as defined in the above questions? If e another Conflict of Interest Statement for them and attach
Nature of conflict
o the Secretary of State for Education if so requested.
nbers, directors and governors.



Trust Membership/Conflict of Interest Statement for: JULIA WISBEY

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 Stathis section)	aff Members only are not required to complete
Surname	WISBCY
Forename(s)	JULIA ANN
Previous Name(s)	ARTH
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	
			

Salterns Academy Trust: Policy



Name of Person	Nature of relationship
NICK WISBEY	HUSBAND
The state of the s	
Is there any other conflict of interest	that you are aware of?
Nature of Conflict	Supporting Information
Do any of your relations or close frier questions? If so please detail their na Statement for them and attach to this	nds have any conflict of interest as defined in the above me below and complete another Conflict of Interest is statement.
questions? If so please detail their na	me below and complete another Conflict of Interest
questions? If so please detail their na Statement for them and attach to this	me below and complete another Conflict of Interest statement.
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questions? If so please detail their na Statement for them and attach to this	me below and complete another Conflict of Interest statement.
questions? If so please detail their na Statement for them and attach to this Name of Person	me below and complete another Conflict of Interest statement.
questions? If so please detail their na Statement for them and attach to this Name of Person I agree that the trust may provide my requested.	me below and complete another Conflict of Interest statement. Nature of conflict
questions? If so please detail their na Statement for them and attach to this Name of Person I agree that the trust may provide my requested.	me below and complete another Conflict of Interest statement. Nature of conflict details to the Secretary of State for Education if so
questions? If so please detail their na Statement for them and attach to this Name of Person I agree that the trust may provide my requested.	me below and complete another Conflict of Interest statement. Nature of conflict details to the Secretary of State for Education if so



Trust Membership/Conflict of Interest Statement for: DAVINA WISE

I am a Member o	of the following Bo	dies within the Tru	st		
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 M	dembers only are not required to complete this section)
Surname	WISE
Forename(s)	DAVINA ALICIA
Previous Name(s)	GOODRIDGE
Residential Address/Address of registered office	39 SOUTHERN ROND, 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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00

Name any other charity or educa	ational establishment where you are e	mployed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
NA -		-
NA -		· ·
NA -		

		Dala Gar Daringa
Name of Business	Address of Business	Role for Business
MA		
		,



		ACADEMY TRUST
Are you a relation governor within th	of or in a relationship with any sche trust?	nool employee, trust member, trust director or school
Name of Person		Nature of relationship
Is there any other	conflict of interest that you are aw	vare of?
Nature of Conflict		Supporting Information
	production of the second	
(in a profit	AND	
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		nflict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
		
_		
		, (4.1
I agree that the tru	ust may provide my details to the S	Secretary of State for Education if so requested.
Note: This stateme	ent only applies to trust members,	directors and governors.
Signature	Dowise	
Date	5th July 2018.	



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

I am a Member o	of the following Bo	dies within the Tru	st		
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 Mo	embers only are not required to complete this section)
Surname	BEVERIDGE
Forename(s)	JOHN
Previous Name(s)	
Residential Address/Address of registered office	4. GRANGE ROAD, NORTH END PORTSMOUTH POL 8BG
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 educa	ational establishment where you are e	mployed 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

N/A



			ACADEMY TRUST
Are you a relation governor within the		hip with any so	chool employee, trust member, trust director or school
Name of Person			Nature of relationship
NA			
Is there any other	conflict of interest	that you are a	ware of?
Nature of Conflict			Supporting Information
NA			
			onflict of interest as defined in the above questions? If other Conflict of Interest Statement for them and attach
Name of Person			Nature of conflict
NIA			
I agree that the tr	ust may provide my	details to the	Secretary of State for Education if so requested.
Note: This stateme	ent only applies to	trust members,	, directors and governors.
Signature	John Ba	wendge	
Date	John Beverldge 13 TH SEPT 2018		



Trust Membership/Conflict of Interest Statement for: Comma

The Calbarra	The Coltorne	ALNS Local	Trafalgar Local	ALNS Key	Trafalgar Key
The Salterns	The Salterns		1 - 1	Staff Member	Staff Member
Trust	Board of	Governing	Governing	Stan Member	Stall Mellibel
	Directors	Body	Body		

My Personal Details (Individuals who are Key Stathis section)	off Members only are not required to complete		
Surname	CATHIE (KNOWN AS PEARSE)		
Forename(s)	GEMMA.		
Previous Name(s)	PEARSE		
Residential Address/Address of registered office	74 HASLEMERE ROAD, PO48BA		
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				
Address of Charity/Educational Establishment	Role for Charity/Educational Establishment			
	Address of Charity/Educational			

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		



lame of Person		-Nature of relationship
MARK CATHIE	-	SPOUSE
	Sinda Care Constitute Cons	
And Advanced to the Control of the C		
s there any other cor	flict of interest that	you are aware of?
ature of Conflict		Supporting Information
		· · · / /
		·
<u> </u>		
	e detail their name b	ave any conflict of interest as defined in the above relow and complete another Conflict of Interest ement.
uestions? If so please	e detail their name b	elow and complete another Conflict of Interest
uestions? If so please tatement for them ar	e detail their name b	elow and complete another Conflict of Interest ement.
uestions? If so please tatement for them ar	e detail their name b	elow and complete another Conflict of Interest ement.
uestions? If so please tatement for them ar	e detail their name b	elow and complete another Conflict of Interest ement.
uestions? If so please tatement for them ar	e detail their name b	elow and complete another Conflict of Interest ement.
uestions? If so please tatement for them ar ame of Person	e detail their name b	Nature of conflict Nature of conflict
uestions? If so please tatement for them ar ame of Person	e detail their name b	elow and complete another Conflict of Interest ement.
uestions? If so please tatement for them ar ame of Person agree that the trust requested.	e detail their name band attach to this stat	Nature of conflict Nature of conflict
uestions? If so please tatement for them ar ame of Person agree that the trust requested.	e detail their name band attach to this stat	Nature of conflict Nature of state for Education if so
uestions? If so please tatement for them are ame of Person agree that the trust requested.	e detail their name band attach to this stat	Nature of conflict Nature of state for Education if so
uestions? If so please tatement for them ar ame of Person agree that the trust requested.	e detail their name band attach to this stat	Nature of conflict ails to the Secretary of State



Trust Membership/Conflict of Interest Statement for: MARK CATHIE

					PASSES Shed Sandara
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 Stathis section)	aff Members only are not required to complete
Surname	CATHLE
Forename(s)	MARK DOUBLAS
Previous Name(s)	
Residential Address/Address of registered office	CAIRE OF TRAFALGAK SCHOOL
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	
	33333	The state of the s	

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	
		American Control of the Maria American Control of the Control of t	

Salterns Academy Trust: Policy



Are you a relation of or in a relationship with a or school governor within the trust?	any school employee, trust member, trust director
Name of Person	Nature of relationship
GEMMA CATHIE	SPONSE
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 questions? If so please detail their name below	any conflict of interest as defined in the above
Statement for them and attach to this statement	ent.
Statement for them and attach to this statement	ent.
Statement for them and attach to this statement	ent.
Statement for them and attach to this statement	ent.
Statement for them and attach to this statement	Nature of conflict
Statement for them and attach to this statemed Name of Person I agree that the trust may provide my details to	Nature of conflict to the Secretary of State for Education if so
Name of Person I agree that the trust may provide my details trequested.	Nature of conflict to the Secretary of State for Education if so
Name of Person I agree that the trust may provide my details trequested.	Nature of conflict to the Secretary of State for Education if so



Trust Membership/Conflict of Interest Statement for: LUCY CLARK

I am a Member o	of the following Bo	dies within the Tru	st		
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	CLARK	
Forename(s)	Lucy	
Previous Name(s)		
Residential Address/Address of registered office	TRAFINEGAR SCHOOL	
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 education	onal establishment where you ar	e employed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educationa Establishment	Role for Charity/Educational Establishment
	D/P	

Name any business where you are trust	a shareholder, director or employee	that may conduct business with the
Name of Business	Address of Business	Role for Business
	2/1	



	ACADEMY TRUST
Are you a relation of or in a relationship with any schegovernor within the trust?	ool employee, trust member, trust director or school
Name of Person	Nature of relationship
NIP	
Is there any other conflict of interest that you are awa	are of?
Nature of Conflict	Supporting Information
NI	>
Do any of your relations or close friends have any cor	
so please detail their name below and complete anoth to this statement.	ner Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
NA	
I agree that the trust may provide my details to the S	ecretary of State for Education if so requested.
Note: This statement only applies to trust members, o	directors and governors.
Signature (Ch	
Date 13/09/18	



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

I am a Member o	of the following Bo	dies within the Tru	st		
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 I	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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00
. , , ,	A sum not exceeding £10.00

Name any other charity or education	onal establishment where you are em	nployed 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

Salterns Academy Trust: Register Policy



	ACADEMY TRUST
Are you a relation of or in a relationship with any sch governor within the trust?	nool employee, trust member, trust director or school
Name of Person	Nature of relationship
Is there any other conflict of interest that you are av	vare of?
Nature of Conflict	Supporting Information
,	
	nflict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach
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: Awwica Grove

I am a Member	of the following	Bodies within th	e 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
					V

aff Members only are not required to complete
·
·
A sum not exceeding £10.00

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

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



or school governor within the trust	
Name of Person	Nature of relationship
Is there any other conflict of intere	est that you are aware of?
Nature of Conflict	Supporting Information
A VAN A MARIANTINA MAR	
	riends have any conflict of interest as defined in the above name below and complete another Conflict of Interest this statement. Nature of conflict
questions? If so please detail their Statement for them and attach to	name below and complete another Conflict of Interest this statement.
questions? If so please detail their Statement for them and attach to	name below and complete another Conflict of Interest this statement.
questions? If so please detail their Statement for them and attach to	name below and complete another Conflict of Interest this statement.
questions? If so please detail their Statement for them and attach to	name below and complete another Conflict of Interest this statement.
questions? If so please detail their Statement for them and attach to Name of Person	name below and complete another Conflict of Interest this statement.
questions? If so please detail their Statement for them and attach to Name of Person I agree that the trust may provide requested.	name below and complete another Conflict of Interest this statement. Nature of conflict
questions? If so please detail their Statement for them and attach to Name of Person I agree that the trust may provide requested.	name below and complete another Conflict of Interest this statement. Nature of conflict my details to the Secretary of State for Education if so
questions? If so please detail their Statement for them and attach to Name of Person I agree that the trust may provide requested. Note: This statement only applies	name below and complete another Conflict of Interest this statement. Nature of conflict my details to the Secretary of State for Education if so
questions? If so please detail their Statement for them and attach to Name of Person I agree that the trust may provide requested.	name below and complete another Conflict of Interest this statement. Nature of conflict my details to the Secretary of State for Education if so



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

The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Ke Staff Membe
					✓

My Personal Details (Individuals who are Key Staff Me	embers only are not required to complete this section)
Surname	JEFFERY-DAVIS
Forename(s)	Kimberiey
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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00

Name any other charity or educa	ntional establishment where you are e	mployed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	NIA	

		Dala fau Duainean
Name of Business	Address of Business	Role for Business
	NA.	



	ACADEMY TRUST
Are you a relation of or in a relationship with any sch governor within the trust?	nool employee, trust member, trust director or school
Name of Person	Nature of relationship
	A \(\chi\)
	NH
,	
Is there any other conflict of interest that you are aw	are of?
Nature of Conflict	Supporting Information
	NA.
	1 7 1 1
,	
Do any of your relations or close friends have any cor so please detail their name below and complete anoth to this statement.	nflict of interest as defined in the above questions? If ner Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
	10
	7 7
·	
I agree that the trust may provide my details to the S	acrotany of State for Education if so requested
Note: This statement only applies to trust members, of	
Troce. This statement only applies to trust members, t	anectors and governors.
	0
Signature Signature	<i>y</i>
Date 2//9/18	



Trust Membership/Conflict of Interest Statement for: AAMIR KOHLI

I am a Member o	f the following Bo	dies within the Tru	st		
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 M	Nembers only are not required to complete this section)
Surname	Kahli
Forename(s)	Aanir
Previous Name(s)	TRAFALGAR SCHOOL
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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00

Name any other charity or educa	ational establishment where you are e	mployed or act as a trustee/governor
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
	NIA	

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



		ACADEMY TRUST
Are you a relation governor within th		nool employee, trust member, trust director or school
Name of Person		Mature of relationship
·		J/A
	/	
Is there any other	conflict of interest that you are aw	are of?
Nature of Conflict		Supporting Information
		1/2
,		
		nflict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
		112
		(V
·		
I agree that the tr	ust may provide my details to the S	Secretary of State for Education if so requested.
Note: This stateme	ent only applies to trust members,	directors and governors.
Signature	44	
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
					✓

Surname Forename(s) 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 (note only applies to The Salterns Trust Members) Amount agreed to pay by way of guarantee (note only applies to The Salterns Trust Members)	My Personal Details (Individuals who are Key Staff M	Nembers only are not required to complete this section)
Previous Name(s) Residential Address/Address of registered office TRACHICAR SCHOOL Date of entry to register Date of last update/cessation of entry on register Amount agreed to pay by way of guarantee (note A sum not exceeding £10.00	Surname	MORRISON
Residential Address/Address of registered office Trackloan School	Forename(s)	JANET LILAV
Date of entry to register Date of last update/cessation of entry on register Amount agreed to pay by way of guarantee (note	Previous Name(s)	COLLINOS / WILLIAMS
Date of last update/cessation of entry on register Amount agreed to pay by way of guarantee (note A sum not exceeding £10.00	Residential Address/Address of registered office	TRAFALGAR SCHOOL
Amount agreed to pay by way of guarantee (note	Date of entry to register	
	Date of last update/cessation of entry on register	
	, , , , , , , , , , , , , , , , , , , ,	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 second secon		

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

Salterns Academy Trust: Register Policy



		ACADEMY TRUST
Are you a relation governor within th		nool employee, trust member, trust director or school
Name of Person		Nature of relationship
and the second s		
Is there any other	conflict of interest that you are av	vare of?
13 there any other	Connect of interest that you are av	vale of:
Nature of Conflict		Supporting Information
		onflict of interest as defined in the above questions? If ther Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
		The second secon
The state of the s		
I agree that the tr	ust may provide my details to the	Secretary of State for Education if so requested.
Note: This statement	ent only applies to trust members,	directors and governors.
Signature	Monan	
Date	7 Monzon 131 9/18	



Trust Membership/Conflict of Interest Statement for: LAURA NERSSESSIAN

The Salterns Trust	The Salterns Board of	ALNS Local Governing	Trafalgar Local Governing	ALNS Key Staff Member	Trafalgar Key Staff Member
	Directors	Body	Body		
My Personal Det this section)	ails <i>(Individuals</i>	s who are Key Sta	aff Members only	are not required	to complete
Surname			NERSSESS	IAN	
Forename(s)		LAURA			
Previous Name(s)				
Residential Address/Address of registered office		30 MAFEK	KINK ED, PORTSMOUTE		
Date of entry to	register				
Date of last upd register	ate/cessation o	f entry on			
Amount agreed (note only appli Members)		요즘 이유를 살아 하는 얼마나 아니는 아니는 그들이 하셨다.	A sum not exce	eding £10.00	
Name any other trustee/governo	•	cational establishr	ment where you a	are employed or	act as a
Name of Charity Establishment	/Educational	Address of Cha Establishment	rity/Educational	Role for Charity Establishment	/Educational
		- 71/1	+		
, —	ess where vou	are a shareholdei	r, director or emp	ployee that may	conduct
Name any busin					
	e trust	Address o	f Business	Role for	Business

Salterns Academy Trust: Policy



Name of Person	Nature of relationship
N/A	
Is there any other conflict of interest that you ar	re aware of?
Nature of Conflict	Supporting Information
TIGGIO O COMINCE	Supporting Information
NIX	
Do any of your rolations or close friends have an	ay conflict of interest as defined in the should
Do any of your relations or close friends have an questions? If so please detail their name below a Statement for them and attach to this statement Name of Person	and complete another Conflict of Interest
questions? If so please detail their name below a Statement for them and attach to this statement	and complete another Conflict of Interest :.
questions? If so please detail their name below a Statement for them and attach to this statement	and complete another Conflict of Interest :.
questions? If so please detail their name below a Statement for them and attach to this statement	and complete another Conflict of Interest :.
questions? If so please detail their name below a Statement for them and attach to this statement	and complete another Conflict of Interest :.
questions? If so please detail their name below a Statement for them and attach to this statement	nand complete another Conflict of Interest Nature of conflict
questions? If so please detail their name below a Statement for them and attach to this statement Name of Person I agree that the trust may provide my details to	Nature of conflict The Secretary of State for Education if so
questions? If so please detail their name below a Statement for them and attach to this statement Name of Person I agree that the trust may provide my details to requested.	Nature of conflict The Secretary of State for Education if so
questions? If so please detail their name below a Statement for them and attach to this statement Name of Person I agree that the trust may provide my details to requested.	Nature of conflict The Secretary of State for Education if so

Salterns Academy Trust: Policy



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

alli a Mellibei O	in the following bo	dies within the Tru	J		
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	PARSONS		
Forename(s)	CLAIRE SARAH		
Previous Name(s)	CLAIRE SARAH PAVIES		
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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00		

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

any business where you are	a shareholder, director or employee t	that may conduct business w
Name of Business	Address of Business	Role for Business
	ATA	



		ACADEMY TRUST
Are you a relation governor within th		nool employee, trust member, trust director or school
Name of Person		Nature of relationship
		N/A.
Is there any other	conflict of interest that you are aw	are of?
Nature of Conflict		Supporting Information
		N/A.
/		
Do any of your rel so please detail th to this statement.	ations or close friends have any cor eir name below and complete anoti	nflict of interest as defined in the above questions? If ner Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
		NIA
I agree that the tr	ust may provide my details to the S	ecretary of State for Education if so requested.
Note: This stateme	ent only applies to trust members, o	directors and governors.
Signature	cparsas	
Date	13.9.18	



Trust Membership/Conflict of Interest Statement for: **ALICE RAEBURN**

My Personal Details Surname Forename(s) Previous Name(s) Residential Address Date of entry to reg Date of last update	s (Individuals wi	ho are Key Staff Me		ot required to comp	√ plete this section
Surname Forename(s) Previous Name(s) Residential Address Date of entry to reg Date of last update	s (Individuals wi	ho are Key Staff Me		ot required to comp	plete this section
Forename(s) Previous Name(s) Residential Address Date of entry to reg Date of last update			. 0		
Previous Name(s) Residential Address Date of entry to reg Date of last update			Kaebwa		
Residential Address Date of entry to reg Date of last update			Raebun		
Date of entry to reg			NA		
Date of last update	s/Address of reg	istered office	Trafalger ?	school, Ports	mouth
	gister				
Amount parced to	e/cessation of en	try on register			
only applies to The	pay by way of g e Salterns Trust I		A sum not exceed	ding £10.00	
Name any other ch	narity or education	onal establishment	where you are em	ployed or act as a	trustee/govern
Name of Charity/Ec Establishment	ducational	Address of Charit Establishment	y/Educational	Role for Charity/E Establishment	ducational
		NA			
Name any business	s where you are	a shareholder, dire	ector or employee	that may conduct I	business with t
Name of B			f Business	Role for	

Name of Business Address of Business Role for Business

Name of Business Role for Business



		ACADEMY TRUST
Are you a relation governor within th		ool employee, trust member, trust director or school
Name of Person		Nature of relationship
	ΔIA	
	10/1	
Is there any other	conflict of interest that you are aw	are of?
Nature of Conflict		Supporting Information
	NA	

Do any of your relations of please detail the to this statement.	ations or close friends have any cor eir name below and complete anoth	offlict of interest as defined in the above questions? If ner Conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
	NA	
I agree that the tru	ıst may provide my details to the S	ecretary of State for Education if so requested.
Note: This stateme	ent only applies to trust members, o	directors and governors.
Signature	Reutro	
Date	13.09.18	



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

I am a Member o	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	
W					✓	

My Personal Details (Individuals who are Key Staff M	lembers only are not required to complete this section)
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 (note only applies to The Salterns Trust Members)	A sum not exceeding £10.00

Name any other charity or educa	tional establishment where you are e	mployed 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 trust	a shareholder, director or employee th	nat may conduct business with the
Name of Business	Address of Business	Role for Business



	ACADEMY TRUST			
Are you a relation of or in a relationship with any governor within the trust?	y school employee, trust member, trust director or school			
Name-of-Person	Nature of relationship			
Is there any other conflict of interest that you are	e aware of?			
Nature of Conflict	Supporting Information			
Do any of your relations or close friends have any so please detail their name below and complete a to this statement.	y conflict of interest as defined in the above questions? If another Conflict of Interest Statement for them and attach			
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 membe	ers, directors and governors.			
Date 28-09-18				
Date 28-09-18				



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

The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Ke Staff Membe
					√

Try T Cloonal Details (Individuals Wil	io are ney starrin	embers omy are m	required to complete this section,
Surname		Simms	
Forename(s)		Charlene	2
Previous Name(s)			
Residential Address/Address of registered office		Trafalgar School	
Date of entry to register			
Date of last update/cessation of ent	try 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 educatio	nal establishment	where you are em	ployed 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 trust	a sharehølder, dire	ector or employee	that may conduct business with the
Name of Business	Address of Business		Role for Business
	۸		
	NA		



		ACADEMY TRUST	
Are you a relation governor within the		nool employee, trust member, trust director or school	
Name of Person		Nature of relationship	
		•	
	N	+	
Is there any other	r conflict of interest that you are aw	are of?	
Nature of Conflict		Supporting Information	
		1,A	
The second secon	1	N '	
· ·			
	neir name below and complete anoth	nflict of interest as defined in the above questions? If her Conflict of Interest Statement for them and attach	
Name of Person		Nature of conflict	
_			
	A	h.A-	
	1	,	
I agree that the tr	rust may provide my details to the S	Secretary of State for Education if so requested.	
Note: This statem	ent only applies to trust members, o	directors and governors.	
Signature	7.2		
-	State of the state		
Date	13-9-18.		