

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
Robin Parr

(Staff) (Parent (Parent)

Toby Simmonds Helen Surawy (Co-opted) (Staff)

Haden Taylor

(Directors Appointee)

Nathan Waites

(Parent)

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) Joanne Bennett (Parent) (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 Aamir Kohli Gemma Cathie (known as Pearse) Janet Morrison Mark Cathie Laura Nerssessian Lucy Clark Claire Parsons Amanda Collis Alice Raeburn

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 Membei
	1 3 3 5 5 7 7 7 7	a same assessment and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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					
Address of Business	Role for Business				
-					

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Are you a relation of or in a relationship with any sch	ool employee, trust member, trust director or school
governor within the trust?	
Name of Person	Nature of relationship
Is there any other conflict of interest that you are aw	are of?
Nature of Conflict	Supporting Information
	I control of the cont
Do any of your relations or close friends have any cor	efficit of interest as defined in the above questions? I
Do any of your relations or close friends have any cor so please detail their name below and complete anoth to this statement.	
so please detail their name below and complete anoth	
so please detail their name below and complete anoth to this statement.	ner Conflict of Interest Statement for them and attac
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so please detail their name below and complete anoth to this statement.	Nature of conflict
so please detail their name below and complete anoth to this statement. Name of Person	Nature of conflict Secretary of State for Education if so requested.
so please detail their name below and complete anoth to this statement. Name of Person I agree that the trust may provide my details to the S	Nature of conflict Secretary of State for Education if so requested.
so please detail their name below and complete anoth to this statement. Name of Person I agree that the trust may provide my details to the S	Nature of conflict Secretary of State for Education if so requested.





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

I am a Member o	f the following Boo	dies within the Tru	st		
The Salterns Academy Trust	The Salterns Academy Trust Board of Directors	Admiral Lord Nelson School Local Governing Body	Trafalgar School Local Governing Body	Admiral Lord Nelson School Key Staff Member	Trafalgar School Key Staff Member
~	. =				

My Personal Details (Individuals who are Key Staff Members only are not required to complete this section				
Surname	GILES			
Forename(s)	DAVID PETER			
Previous Name(s)				
Residential Address/Address of registered office	40 BEMBAIDE PRESCENT 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			

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

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



Name of Person	Nature of relationship
N//A	
Is there any other conflict of interest that you are awa	re of?
Nature of Conflict	Supporting Information
\mathcal{N}/\mathcal{A}	
Do any of your relations or close friends have any confl so please detail their name below and complete anothe to this statement.	lict 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 anothe	er Conflict of Interest Statement for them and attach
to this statement.	lict 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
to this statement.	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 Sec	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 Sec	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
V					

My Personal Details (Individuals who are Key Stathis section)	aff Members only are not required to complete
Surname	PARK
Forename(s)	MICHAEL WILLIAM,
Previous Name(s)	
Residential Address/Address of registered office	112 MORTHOVER ROAD PROETSMOUTH
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					
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Are you a relation or school govern	on of or in a relationship with any nor within the trust?	school employee, trust member, trust director
Name of Person		Nature of relationship
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Is there any other	er conflict of interest that you are	e aware of?
Nature of Conflic	t	Supporting Information
q		
questions? If so	elations or close friends have and please detail their name below a em and attach to this statement.	y conflict of interest as defined in the above nd complete another Conflict of Interest
Name of Person		Nature of conflict
		•
I agree that the requested.	trust may provide my details to t	he Secretary of State for Education if so
Note: This stater	ment only applies to trust membe	ers, directors and governors.
Signature	here	
Date	4/10/2017	



Trust Membership/Conflict of Interest Statement for: SCOTT TAVINER

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
	ı				

My Personal Details (Individuals who are Key Stathus 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/Educational Establishment					

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



Are you a relation or school govern	nor within the trust?	
Name of Person		Nature of relationship
Is there any othe	er conflict of interest tha	at you are aware of?
Nature of Conflic	t	Supporting Information
		· ·
questions? If so إ	elations or close friends please detail their name em and attach to this st	have any conflict of interest as defined in the above below and complete another Conflict of Interest ratement.
questions? If so إ	please detail their name	below and complete another Conflict of Interest
questions? If so p Statement for the	please detail their name	e below and complete another Conflict of Interest catement.
questions? If so p Statement for the	please detail their name	e below and complete another Conflict of Interest catement.
questions? If so p Statement for the	please detail their name	e below and complete another Conflict of Interest catement.
questions? If so p Statement for the	please detail their name	e below and complete another Conflict of Interest catement.
questions? If so postatement for the Name of Person agree that the t	please detail their name em and attach to this st	e below and complete another Conflict of Interest catement.
questions? If so particular the statement for the Name of Person agree that the trequested.	please detail their name em and attach to this st	e below and complete another Conflict of Interest catement. Nature of conflict
questions? If so postatement for the Name of Person agree that the trequested.	please detail their name em and attach to this st	Nature of conflict Nature of state for Education if so
questions? If so particular the statement for the Name of Person agree that the trequested.	please detail their name em and attach to this st	Nature of conflict Nature of state for Education if so



Trust Membership/Conflict of Interest Statement for: STEVEN LABEDZ

I am a Member	of the following	Dodics Within th	T TOOL		
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		

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	ational 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	Purbruch Way Havantul	TRUSTEE

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



Are you a relation or school govern	on of or in a relationship with an nor within the trust?	ny school employee, trust member, trust director
Name of Person		Nature of relationship
· · · · · · · · · · · · · · · · · · ·		
	,	
Is there any other	er conflict of interest that you a	re aware of?
Nature of Conflic		Supporting Information
		·囊膜角 医多点造员 医二十二甲酚 网络克拉斯 超点模式 医九二氏三异亚
Do any of your r	elations or close friends have a	ny conflict of interest as defined in the above
questions? If so	elations or close friends have a please detail their name below em and attach to this statemen	and complete another Conflict of Interest
questions? If so Statement for th	please detail their name below	and complete another Conflict of Interest t.
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questions? If so Statement for the Name of Person	please detail their name below em and attach to this statemen	and complete another Conflict of Interest t.
questions? If so Statement for the Name of Person agree that the requested.	please detail their name below em and attach to this statemen	and complete another Conflict of Interest t. Nature of conflict the Secretary of State for Education if so
questions? If so Statement for the Name of Person agree that the requested.	please detail their name below em and attach to this statemen 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 Statement for the Name of Person agree that the requested.	please detail their name below em and attach to this statemen trust may provide my details to	and complete another Conflict of Interest t. Nature of conflict the Secretary of State for Education if so bers, directors and governors.



Trust Membership/Conflict of Interest Statement for: AMANDA BARRETT

I am a Member c	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 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					

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



Are you a relation governor within th	of or in a relationship with an ne trust?	ny school employee, trust member, trust director or school
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 of please detail the to this statement.	ations or close friends have are 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	bers, directors and governors.
Signature	27/6/18	
Date	27/6/18	

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Trust Membership/Conflict of Interest Statement for: CLAIRE COPELAND

I am a Member c	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 ALKE DANIELE
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	employed 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 a shareholder, director or employee that may conduct business with the crust				
Name of Business	Address of Business	Role for Business		
	NA			



Name of Person	Nature of relationship
	Nature of relationship
	NA
Is there any other conflict of interest that yo	ou are aware of?
Nature of Conflict	Supporting Information
	NIM
	10/17
Do any of your relations or close friends have	re any conflict of interest as defined in the above questions? If
so please detail their name below and compl	lete another Conflict of Interest Statement for them and the let
to this statement.	nete another connect of Therest Statement for them and attach
to this statement.	Nature of conflict
to this statement. Name of Person	
to this statement.	
Name of Person	
Name of Person I agree that the trust may provide my details	Nature of conflict Nature of conflict Sto the Secretary of State for Education if so requested.
Name of Person	Nature of conflict Nature of conflict Sto the Secretary of State for Education if so requested.
I agree that the trust may provide my details	Nature of conflict Nature of conflict Sto the Secretary of State for Education if so requested.

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Trust Membership/Conflict of Interest Statement for: ANDREW CREE

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 N	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 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 ar trust	re 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.



Are you a relation	of or in a relationship with any sc	hool employee, trust member, trust director or school
governor within th		inoor employee, trase member, trase director of 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
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so please detail the		onflict of interest as defined in the above questions? If the characteristics of Interest Statement for them and attach
to this statement.		
Name of Person		Nature of conflict
agree that the tru	ıst may provide my details to the	Secretary of State for Education if so requested.
		-
	ent only applies to trust members,	uneccos and governors.
Signature		
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Date		
		en de la companya de



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 Stathis section)	aff Members only are not required to complete
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			
Citizen Advice Portsmouth	zen Advice Portsmouth 2-3 Ark Royal House, Winston Churchill Avenue, Portsmouth PO1 2GF		

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business with the trust			
Name of Business	Address of	Business	Role for Business
SE Region Veterans Advisory and Pension Committee	Norcross Thornton Cleveleys FY5 3WP		Chair (public appointment)
Are you a relation of or in a rel or school governor within the t	-	school employe	ee, trust member, trust directo
Name of Person		Nature of relat	ionship
No			
	1		
Is there any other conflict of in	terest that you are	e aware of?	
Nature of Conflict	Supporting Info		ormation
No			
Do any of your relations or closquestions? If so please detail the Statement for them and attach	heir name below ai	nd complete an	
Name of Person		Nature of confl	ict
No			
I agree that the trust may prov	vide my details to t	he Secretary of	State for Education if so
I CHUCOLCU:			

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

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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 Members 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 Establishment Role for Charity/Educational Establishment			
	Na			

Name any business where you are trust	e 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 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
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.	offlict of interest as defined in the above questions? If the conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
N_O .	
1	
I agree that the trust may provide my details to the So	ecretary of State for Education if so requested
Note: This statement only applies to trust members, of	
	medicio una governois.
Signature A A A A A A A A	
Date Sanature Manuel 5 - 7-18	
J#1-10	



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 NANDIONS, 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 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
UNIVERSITY OF PORTONOUTH	PORTOMOUTH	RIC EXCETION.
· Constitution		

Name any business where you are a trust	a shareholder, director or employe	ee that may conduct business with the
Name of Business	Address of Business	Role for Business
DNIVERSTY OF. ROPENSOTH SERVICES C	D REFERENCE !	PED VICE-CHANCELLED



	. 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?
Nature of Conflict	Supporting Information
UTC PORTEMOUTH	A MEMBER FOR UOP.
Do any of your relations or close friends have any o	onflict of interest as defined in the above questions? If
so please detail their name below and complete and to this statement.	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 and thele	S
Date 27 - 6 - 2016	



Trust Membership/Conflict of Interest Statement for: TANIA OSBORNE

I am a Member c	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	USBORNE
Forename(s)	USBORNE TANIA
Previous Name(s)	
Residential Address/Address of registered office	4 Foxley Drue
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			
Educational			

Address of Business	Role for Business



	ACADEMY TRUST
Are you a relation of or in a relation governor within the trust?	onship with any school employee, trust member, trust director or school
Name of Person	Nature of relationship
NA	
Is there any other conflict of interes	est that you are aware of?
Nature of Conflict	Supporting Information
N/A	
Do any of your relations or close fr so please detail their name below a to this statement.	iends have any conflict of interest as defined in the above questions? If and complete another Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
NIA	
I agree that the trust may provide ι	my details to the Secretary of State for Education if so requested.
Note: This statement only applies t	o trust members, directors and governors.
\cap	
Signature	alle
Date 20/4	> 1/8.



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
	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 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 of Business Address of Business Role fo	r Business



Name of Persor	n	Nature of relationship	
	. / /		
			1
s there any oth	ner conflict of interest t	hat you are aware of? No	
lature of Confli	ict	Supporting Information	
•			
•			
nestions, It so	piease detail their nar	s have any conflict of interest as defined ne below and complete another Conflict of	in the above of Interest
tatement for th	nem and attach to this	ne below and complete another Conflict of statement.	in the above of Interest
tatement for th	nem and attach to this	1e below and complete another Conflict o	in the above of Interest
tatement for th	nem and attach to this	ne below and complete another Conflict of statement.	in the above of Interest
tatement for th	nem and attach to this	ne below and complete another Conflict of statement.	in the above of Interest
laesnous II so	nem and attach to this	ne below and complete another Conflict of statement.	in the above of Interest
tatement for th	nem and attach to this	Nature of conflict Nature of conflict	of Interest
tatement for the lame of Person agree that the	nem and attach to this	ne below and complete another Conflict of statement.	of Interest
agree that the	trust may provide my	Nature of conflict Nature of conflict	of Interest
tatement for the lame of Person agree that the equested.	trust may provide my	Nature of conflict Statement. Nature of conflict details to the Secretary of State for Education	of Interest
agree that the	trust may provide my	Nature of conflict Statement. Nature of conflict details to the Secretary of State for Education	of Interest



Trust Membership/Conflict of Interest Statement for: SUSAN WILSON

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	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	1/4/17
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	nal 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, Portsmouth 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	



relationship
•
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g Information
rest as defined in the above questions? If of Interest Statement for them and attach
conflict
State for Education if so requested.
d governors.



Trust Membership/Conflict of Interest Statement for: ADRIAN PARRY

I am a Member	of the following	and the second s	electrical plant management from the HT		
The Salterns Trust	CONTRACTOR THE PROPERTY OF THE PARTY.	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 Jahuahy 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.

	•
Name of Person	Nature of conflict
None	
1,5115	

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	MINING
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	lembers 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
/		

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



Are you a relation governor within t	n of or in a relationship with any sch	nool employee, trust member, trust director or school
Name of Person	ne dust:	Nature of relationship
Is there any other	conflict of interest that you are aw	vare of?
Nature of Conflict		Supporting Information
Do any of your rel so please detail th to this statement.	ations or close friends have any co 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
I agree that the tr	ust may provide my details to the S	Secretary of State for Education if so requested.
Note: This statem	ent only applies to trust members,	directors and governors.
Signature	Alebesza	
Date	20.6.18	

Salterns Academy Trust: Register Policy



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)	TANE
Previous Name(s)	
Residential Address/Address of registered office	26, Allens Rd, Southsea, Pouro
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



	the trust?	nool employee, trust member, trust director or school
Name of Person		Nature of relationship
Is there any other	r conflict of interest that you are aw	vare of?
Nature of Conflict		Supporting Information
Do any of your re so please detail the to this statement.	lations or close friends have any cor neir name below and complete anotl	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
	ust may provide my details to the S	
	rust may provide my details to the S ent only applies to trust members, o	
Note: This statem	ent only applies to trust members, o	directors and governors.
		directors and governors.



Trust Membership/Conflict of Interest Statement for: Tina Henley

am a Member	of the following	Bodies Within th	e rrust		
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	l to complete
Surname			HENLE	4	
Forename(s)			TINA		1
Previous Name	(s)		NIA		
Residential Add	lress/Address of I	registered office	do Civi	ic 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 Ins Trust	A sum not exce	eeding £10.00	
Name any othe trustee/govern		ational establish	nment where you	are employed or	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	er, director or em	ployee that may	conduct
Name o	of Business	Address	of Business	Role fo	r Business
	7 4				
\ \	H				

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	iends have any conflict of interest as defined in the
o any of your relations or close fr uestions? If so please detail their tatement for them and attach to t ame 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 equested.	name below and complete another Conflict of Interest this statement. Nature of conflict
agree that the trust may provide aquested.	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: EMMA HUGHES

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
<u> </u>	1000	✓	· ·		

My Personal Details (Individuals who are Key Stathis section)	aff Members only are not required to complete	
Surname	HUGHES	
Forename(s)	EMM A	
Previous Name(s)	HILL/PARKES	
Residential Address/Address of registered office	30 WILDMOOR WALK PO9	5Q2
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	
		The state of the species for the second	

Salterns Academy Trust: Policy



Name of Person	Nature of relationship
Is there any other conflict of interest	that you are aware of?
Nature of Conflict	Supporting Information
AND THE PROPERTY OF THE PROPER	
questions? If so please detail their na	nds have any conflict of interest as defined in the above time 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
questions? If so please detail their na Statement for them and attach to this	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.
questions? If so please detail their na Statement for them and attach to this	me below and complete another Conflict of Interest statement.
Do any of your relations or close frier 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	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	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.	Nature of conflict Nature 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.	nme below and complete another Conflict of Interest is statement. Nature of conflict

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)
	<u>, </u>
Surname	lace.
Forename(s)	ROLW LOE
Previous Name(s)	•
Residential Address/Address of registered office	12 HALLINGTON BOAD, BORSMONTH
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 em	nployed or act as a trustee/governor	
Name of Charity/Educational Address of Charity/Educational Establishment Address of Charity/Educational Establishment			
Journ Daws Norman Pres Tex	John Dawl Cones Midnucs, Cuza gon	Company Jackman	

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>	
	}.	$(-e^{-e^{i\theta}})$	



		ACADEMY TRUST
Are you a relation of or in a relationship wingovernor within the trust?	th any schoo	l employee, trust member, trust director or school
Name of Person	N	lature of relationship
~		
Is there any other conflict of interest that y	ou are aware	e of?
Notices of Conflict		upporting Information
	40 A	
	.,	
Marille Marille	<u> </u>	
Do any of your relations or close friends have so please detail their name below and compto this statement.	e any conflic elete another	ct of interest as defined in the above questions? If Conflict of Interest Statement for them and attach
Name of Person	Na	ature of conflict
_		
Sage to the put	· · · · · · · · · · · · · · · · · · ·	the state of the s
I agree that the trust may provide my detail	s to the Secr	etary of State for Education if so requested.
Note: This statement only applies to trust m	nembers, dire	ectors and governors.
Signature		
Date 20/6/18 ·		



Trust Membership/Conflict of Interest Statement for: TOBY SIMMONDS

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

My Personal Details (Individuals who are Key Staff M	embers only are not required to complete this section)
Surname	SIMMONPS
Forename(s)	Toby
Previous Name(s)	3
Residential Address/Address of registered office	30 Allcot Road Patencult POSSOF
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
only applies to The Salterns Trust Members)	

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		
Copner Rd.	Governor (co optod)		
	Address of Charity/Educational Establishment		

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



Are you a relation of or in a relationship with any s	school employee, trust member, trust director or school
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	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 2016 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 M	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 PO3 6 TY
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 trust	a shareholder, director or employee t	hat may conduct business with the
Name of Business	Address of Business	Role for Business



		ACADEMY TRUST
Are you a relatio governor within t	n of or in a relationship with any sc the trust?	chool employee, trust member, trust director or school
Name of Person		Nature of relationship
Is there any othe	r conflict of interest that you are av	vare of?
Nature of Conflict	-	Supporting Information
Daughte	r currently a supil in the scho	- Kate Surany ALNS roll
7	suptl in the scho	N C
Do any of your re so please detail the to this statement.	neir name below and complete anot	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
I agree that the t	rist mou provide my details to the	
		Secretary of State for Education if so requested.
NOTE: THIS STATEM	ent only applies to trust members,	directors and governors.
Signature	20.6.18	Bames)
Date	20.6.18	



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 Me	embers only are not required to complete this section)
Surname	TAYLOR
Forename(s)	HATOON BRENT
Previous Name(s)	
Residential Address/Address of registered office	2 MILITARY RD, PO352S
Date of entry to register	`
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (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		
PORTSMOUTH COLLEGE	TANGIA LOAD,	CORPORATION MEMBER		
ARUNDEL COURT PRIMART SCHOOL		GOVERNOR.		

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



	ACADEMY TRUST
Are you a relation of or in a relationship with any s governor within the 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
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	Secretary of State for Education if so requested.
Note: This statement only applies to trust members	s, directors and governors.
Signature fagh light Date 20/00/15	
Date $\frac{70}{M}$)



Trust Membership/Conflict of Interest Statement for: NATHAN WAITES

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	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, CENTERL RD, POBLBY	CHIEF FINANCIAL R OPERATING OFFICER		
	,			

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



		ACADEMY TRUST
Are you a relation governor within th		hool 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?
Nature of Conflict		Supporting Information
ONLY	EMPLOYMENT	
		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
I agree that the tr	ust may provide my details to the	Secretary of State for Education if so requested.
Note: This statem	ent only applies to trust members,	directors and governors.
	1	
Signature	1110	~ ~
Date	70/06/18	



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	Iembers 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 amount
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					
HAMSHRE COLUTION	HAMBHRE COUNCIL.						
,							

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



Name of Person	Nature of relationship
s there any other conflict of interest that you are a	ware of?
ature of Conflict	Supporting Information
San	
o please detail their name below and complete and below and below and complete and below and belo	
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
to 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 other this 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.

Salterns Academy Trust: Register Policy



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 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
	MA	

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			
				•



Name of Person	Nature of relationship
	1/1
:	- 10//t
Is there any other conflict of interest	that you are aware of?
Nature of Conflict	Supporting Information
	MA
questions? If so please detail their na	nds have any conflict of interest as defined in the above ame below and complete another Conflict of Interest as statement.
questions? If so please detail their na Statement for them and attach to this	me below and complete another Conflict of Interest
questions? If so please detail their na Statement for them and attach to this	nme below and complete another Conflict of Interest s statement.
questions? If so please detail their na Statement for them and attach to this	nme below and complete another Conflict of Interest s statement.
questions? If so please detail their na Statement for them and attach to this	nme below and complete another Conflict of Interest s statement.
questions? If so please detail their na Statement for them and attach to this	nme below and complete another Conflict of Interest s statement.
Statement for them and attach to this Name of Person The agree that the trust may provide my	nme below and complete another Conflict of Interest s statement.
agree that the trust may provide my equested.	Nature of conflict Nature of conflict A A A details to the Secretary of State for Education if so
agree that the trust may provide my equested.	Nature of conflict Nature of conflict
Statement for them and attach to this Name of Person agree that the trust may provide my requested.	Nature of conflict Nature of conflict A A A details to the Secretary of State for Education if so
Statement for them and attach to this Name of Person agree that the trust may provide my requested.	Nature of conflict Nature of conflict A A A details to the Secretary of State for Education if so



Trust Membership/Conflict of Interest Statement for: MATTHEW HUTTON

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	HUTTON
Forename(s)	MATTHEN DAVID
Previous Name(s)	
Residential Address/Address of registered office	7 MEADON EDGÉ,
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		
MA		

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 relationship governor within the trust?	with any school employee, trust member, trust director or school
Name of Person	Nature of relationship
N/A	
N/A -	
N/A	
Is there any other conflict of interest that	at you are aware of?
Nature of Conflict	Supporting Information
N/A	
N/A)
N/A	
Do any of your relations or close friends so please detail their name below and co to this statement.	have any conflict of interest as defined in the above questions? If omplete another Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
W/A	
V/A	
V/A	
I agree that the trust may provide my de	etails to the Secretary of State for Education if so requested.
Note: This statement only applies to trus	t members, directors and governors.
Signature // /	
Date 5/7/18.	
/ '	



Trust Membership/Conflict of Interest Statement for: RICHARD BARLOW

I am a Member o	f the following Boo	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
			. ✓		6

My Personal Details (Individuals who are Key Staff Mo	embers only are not required to complete this section)
Surname	BARLOW RICHARD
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 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
LIAVANT + SOUTH DOWNS	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



	Salleins academy trust
Are you a relation of or in a relationsh governor within the trust?	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
1.	
	·
ALAN MANTANA CAM	
Do any of your relations or close friend	Is 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.	Nature of conflict
Name of Person	Nature of conflict
	The state of the s
/	
	•
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	
Date 13/4	18

Salterns Academy Trust: Register Policy



Trust Membership/Conflict of Interest Statement for:

I am a Member	of the following	Bodies within th	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
l '	etails <i>(Individuals</i>	who are Key St	aff Members only	are not required	d to complete
this section) Surname			BARRAT	-T	
Forename(s)			Julie)	
Previous Name	(s)		Jace		
	ress/Address of I	registered office	23 COLUM	BINE WAY,	CLANFIELL
Date of entry to			P08 0WJ	-	
	date/cessation of	entry on			
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	•	ational establishr	ment where you	are employed or	act as a
Name of Charity/Educational Address of C		Address of Cha Establishment	rity/Educational	Role for Charity Establishment	/Educational
Name any busir business with th		are a shareholde	r, director or emp	ployee that may	conduct
Name of	Business	Address o	of Business	Role for	Business



	n of or in a relationship with an 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 a	re aware of?
Nature of Conflic	t	Supporting Information
	*	
questions? If so p	elations or close friends have a 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
		Nature or connec
		Nature or commet
		Nature or commet
		Nature of connec
		Nature of connec
I agree that the requested.	trust may provide my details to	the Secretary of State for Education if so
requested.	trust may provide my details to ment only applies to trust mem	the Secretary of State for Education if so
requested.		the Secretary of State for Education if so
requested.		the Secretary of State for Education if so



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

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 N	dembers only are not required to complete this section)
Surname	BENNETT
Forename(s)	JOANNE LOWSE
Previous Name(s)	
Residential Address/Address of registered office	176 NORTHERN PARADE, HILSEA PORTSMOUTH, 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 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

Name of Business	Address of Business	Role for Business	
Porsmouth City Council	Civic ano, Guidhall	Head of Business Gro Relationship S& Sup	K G
	///	, ,	V



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
Do any of your relations or close friends have any co so please detail their name below and complete anot to this statement.	nflict of interest as defined in the above questions? If ther Conflict of Interest Statement for them and attach
Name of Person	Nature of conflict
	·
:	
i	
I agree that the trust may provide my details to the	Socratany of State for Education if so requested
Note: This statement only applies to trust members,	directors and governors.
Signature Servet	
Date 13 9 18 -	



Trust Membership/Conflict of Interest Statement for: TRACH KYLC

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 Sta	aff Members only	are not required	l to complete
Surname		KYLE			
Forename(s)			TRACY		
Previous Name((s)	· .			
Residential Add	ress/Address of	registered office	6 STATION	ROAD, PORT	5MOUTH, POS
Date of entry to	register				
Date of last upo	late/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
ALDINGBOURNE TRUST Entre, Chick		Aldingbaurns Gentre, Chick	e Country ester, POI 2018	SUPPORT	WORKER
			DEPELL CENTRE		
PORTSMAITH	1 PARENT VOIC				
PORTSMOUTH	ness where you a		r, director or emp	ployee that may (conduct
PORTSMOUTH Name any busir business with th	ness where you a	are a shareholde	r, director or emp		conduct Business
PORTSMOUTH Name any busir business with th	ness where you a ne trust	are a shareholde			

Salterns Academy Trust: Policy

February 2015 Updated: June 2017



	n of or in a relationship with any or within the trust?	school employee, trust member, trust director
Name of Person		Nature of relationship
Is there any other	er conflict of interest that you ar	e aware of?
Nature of Conflic	t .	Supporting Information
questions? If so		y conflict of interest as defined in the above and complete another Conflict of Interest .
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	ers, directors and governors.
Signature	Mhh	
Date	13/09/18	
-		· · · · · ·



Trust Membership/Conflict of Interest Statement for: Lunn Meanes.

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 Sta	nff Members only	are not required	l to complete
Surname			MEADES		
Forename(s)			LUAN		
Previous Name(s)		DAVIES		
Residential Address/Address of registered office		6 LYDNEY	CLOSE, PORT	SMOUTH, POL	
Date of entry to register		13/09/2018			
Date of last upo register	late/cessation of	entry on			
_	to pay by way o ies to The Salter	-	A sum not exce	eding £10.00	
Name any othe trustee/governo	•	ational establishr	ment where you	are employed or	act as a
		Address of Char Establishment	rity/Educational	Role for Charity Establishment	/Educational

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Name of Business

February 2015 Updated: June 2017

Role for Business

Address of Business



Are you a relation of or in a relationship with ar or school governor within the trust?	ny 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 a 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 mem	bers, directors and governors.
/	
Signature	
Date 13/09/2018	



Trust Membership/Conflict of Interest Statement for: STACEY RYAN

I am a Member of	the following	Bodies within the	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 Detai	ls <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 Addres	ss/Address of I	registered office	CloTra	falgar S	chool.
Date of entry to re	egister				
Date of last updat register	:e/cessation of	entry on			
Amount agreed to (note only applies Members)			A sum not exce	eding £10.00	
Name any other c	harity 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	
		1			
<u> </u>		NA			
Name any busines business with the	•	are a shareholde	r, director or emp	oloyee that may	conduct
· · · · · · · · · · · · · · · · · · ·	trust		r, director or emp of Business		conduct Business
business with the	trust				

Salterns Academy Trust: Policy



or school governor within the trust?	/ school employee, trust member, trust director
Name of Person	Nature of relationship
	NA -
Is there any other conflict of interest that you ar	e aware of?
Nature of Conflict	Supporting Information
	M
Do any of your relations or close friends have an questions? If so please detail their name below a	y conflict of interest as defined in the above and complete another Conflict of Interest
Name of Person	Nature of conflict
	Nature of conflict , the Secretary of State for Education if so
Name of Person AA I agree that the trust may provide my details to requested.	Nature of conflict , the Secretary of State for Education if so
Name of Person AA I agree that the trust may provide my details to requested.	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
				✓	✓

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

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



		ACADEMY IRUST	
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	
NIA			
Is there any other	conflict of interest that you are a	aware of?	
Nature of Conflict		Supporting Information	
No			
		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	
N'0			
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	KTYWEO	Q	
Date	19/2/14		



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 Me	embers only are not required to complete this section)
Surname	YOUNG.
Forename(s)	YOUNG. ROBERTA LEXEY.
Previous Name(s)	SAWYER.
Residential Address/Address of registered office	SALTERNS ACADEMY TRUST.
Date of entry to register	REBEUARY 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 educational establishment where you are employed or act as a trustee/governor			
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment	
	NA		

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



		ACADEMY TRUST
Are you a relation governor within th	of or in a relationship with any sch ne trust?	ool employee, trust member, trust director or school
Name of Person		Nature of relationship
	, in the same of t	
	1 .	
	NA.	
Is there any other	conflict of interest that you are aw	are of?
Nature of Conflict		Supporting Information
SON WOR	CKS FOR PICEON UK.	
DAVEHTER	N-LAW NORKS FOR DAOITTES	
Do any of your related so 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 the conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
	V	
I agree that the tru	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	Ellang	
Date	1719118.	



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)			
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			



	ACADEMY TRUST
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
N/A	
Is there any other conflict of interest that you	are aware of?
Nature of Conflict	Supporting Information
N/A	
	,
Do any of your relations or close friends have a questions? If so please detail their name below Statement for them and attach to this stateme Name of Person	and complete another Conflict of Interest nt.
indifie of Person	Nature of conflict
N/A	j ,
• /	,
I agree that the trust may provide my details to requested.	o the Secretary of State for Education if so
Note: This statement only applies to trust men	nbers, directors and governors.
Signature	
Date 28/9/15	
	The state of the s



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

The Salterns Trust	The Salterns Board of	ALNS Local Governing	Trafalgar Local Governing	ALNS Key Staff Member	Trafalgar Key Staff Member
Irust	Directors	Body	Body	Stall Mellibei	Stan Member
My Personal Deta this section)	ils <i>(Individuals</i>	s who are Key St	aff Members only	are not required	to complete
Surname			Aguilino		
Forename(s)			Aquilina		
Previous Name(s))				
Residential Addre	ss/Address of	registered office			
Date of entry to r	egister		19/2/19	Э:	
Date of last upda register	te/cessation of	f entry on			
Amount agreed to (note only applie: Members)			A sum not exce	eding £10.00	
Name any other of trustee/governor	charity or educ	cational establish	ment where you a	are employed or	act as a
	Educational	Address of Charity/Education Establishment		Role for Charity/Educational Establishment	
Name of Charity/ Establishment		Establishment			
		Establishment			
		Establishment		MA	
		Establishment		NA	
Establishment	ess where you		er, director or emp	NA ployee that may	conduct
Establishment Name any busine	ess where you e trust	are a shareholde	er, director or emp of Business		conduct Business
Name any busine business with the	ess where you e trust	are a shareholde			

Salterns Academy Trust: Policy



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
	Tucci o Tradiciono il p
	NA
Is there any other conflict of interest tha	t you are aware of?
Nature of Conflict	Supporting Information
	NA
Do any of your relations or close friends questions? If so please detail their name Statement for them and attach to this statement.	have any conflict of interest as defined in the above below and complete another Conflict of Interest atement.
questions? If so please detail their name	below and complete another Conflict of Interest
questions? If so please detail their name Statement for them and attach to this sta	below and complete another Conflict of Interest atement.
questions? If so please detail their name Statement for them and attach to this sta	below and complete another Conflict of Interest atement.
questions? If so please detail their name Statement for them and attach to this sta	below and complete another Conflict of Interest atement.
questions? If so please detail their name Statement for them and attach to this standard Name of Person	below and complete another Conflict of Interest atement. Nature of conflict NATURE O
questions? If so please detail their name Statement for them and attach to this standard Name of Person	below and complete another Conflict of Interest atement.
questions? If so please detail their name Statement for them and attach to this standard Name of Person I agree that the trust may provide my details agree the trust may provide my details agree the trust	below and complete another Conflict of Interest atement. Nature of conflict WA etails to the Secretary of State for Education if so
questions? If so please detail their name Statement for them and attach to this statement for the	below and complete another Conflict of Interest atement. Nature of conflict WA etails to the Secretary of State for Education if so
questions? If so please detail their name Statement for them and attach to this statement of Person I agree that the trust may provide my de requested. Note: This statement only applies to trus	below and complete another Conflict of Interest atement. Nature of conflict WA etails 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
				✓	

Iembers only are not required to complete this section)	
BR1771	
REBECCA	
PENTNEY	
3 KNOTGRASS RP, LOCKS HEATH, SOZI 6X	ĸΗ
,	
A sum not exceeding £10.00	
	REBECCA PENTNEY 3 KNOTGRASS RP, LOCKS HEATH, SOZIG)

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			

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



	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
N/A	
Is there any other conflict of interest that you are aw	are of?
Nature of Conflict	Supporting Information
NA	
Do any of your relations or close friends have any cor so please detail their name below and complete anoth to this statement.	offlict of interest as defined in the above questions? If the 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 Se	ecretary of State for Education if so requested.
Note: This statement only applies to trust members, of	lirectors and governors.
Signature Andro	
Date 5/7/18	



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 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				
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			
N	14					



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
N/A.	
,	,
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 statemen	and complete another Conflict of Interest
Name of Person	Nature of conflict
NA.	
:	
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	
Date 2419115	



Trust Membership/Conflict of Interest Statement for: SARAH COOPER

I am a Member of	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	COOPER				
Forename(s)	SARAU.				
Previous Name(s)					
Residential Address/Address of registered office	c/o ADMIRAL LOTED 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				

stablishment	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

\(\lambda \ightarrow \lambda \)



	ACADEMI IKOSI
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
N/A	
Is there any other conflict of interest that you are any	
Is there any other conflict of interest that you are aw	are or
Nature of Conflict	Supporting Information
N/A	
는 하는 한번에 가능한 기가는 가장 가장 하는 것이다. - 기가 기술을 보고 하는 지하는 것 수 있다. 장면 한다고 하는 것이다.	
Do any of your relations or close friends have any cor	nflict of interest as defined in the above questions? If
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
NIA	
실정됐다고 이번 남자 살다 달러올라고	
I agree that the trust may provide my details to the ${\sf S}$	ecretary of State for Education if so requested.
Note: This statement only applies to trust members, of	directors and governors.
Λ	
Signature (COUNT)	
Date 26 a 1 c	
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 Membei

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					



Are you a relation of or in a relationship with a or school governor within the trust?	
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
N A	
•	
Do any of your relations or close friends have a	any conflict of interest as defined in the above
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 Name of Person	and complete another Conflict of Interest
questions? If so please detail their name below Statement for them and attach to this statemer	and complete another Conflict of Interest
questions? If so please detail their name below Statement for them and attach to this statemer	and complete another Conflict of Interest
questions? If so please detail their name below Statement for them and attach to this statemer	and complete another Conflict of Interest
questions? If so please detail their name below Statement for them and attach to this statemer	and complete another Conflict of Interest nt. Nature of conflict
questions? If so please detail their name below Statement for them and attach to this statemer Name of Person I agree that the trust may provide my details to requested.	nt. Nature of conflict of the Secretary of State for Education if so
questions? If so please detail their name below Statement for them and attach to this statemer Name of Person	nand complete another Conflict of Interest nt. Nature of conflict o the Secretary of State for Education if so
questions? If so please detail their name below Statement for them and attach to this statemer Name of Person I agree that the trust may provide my details to requested.	nand complete another Conflict of Interest nt. Nature of conflict the 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
				✓	

lembers only are not required to complete this section)
ETHERING TON
VANESSA
BLOCK (JONES).
28 DENVILLES CLOSE, HAVANT,
A sum not exceeding £10.00

Name any other charity or educati	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
	10/12	
	1.	

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



	Salleins 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
\nearrow	14.
To those any other conflict of interest that you are	
Is there any other conflict of interest that you are aw	rare of?
Nature of Conflict	Supporting Information
	N C
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
	10
	\(\)
	<u>L</u>
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 O Etterneto	M.
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
A				· 🗸	

embers only are not required to complete this section)
FENNER
FENNER STEVE
32 NARO ROAD, SONTHUE A
A sum not exceeding £10.00

onal establishment where you are e	mployed or act as a trustee/governor
Address of Charity/Educational Establishment	Role for Charity/Educational Establishment
N/A	N/P
	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	
и/о	N/A	w/Q	



	ACADEMY TRUST
Are you a relation of or in a relationsh governor within the trust? $\mathcal{N}_{\mathfrak{D}}$	nip with any school employee, trust member, trust director or school
Name of Person	Nature of relationship
N/O	n/a
Is there any other conflict of interest to	that you are aware of? No
Nature of Conflict	Supporting Information
Ð	
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
4/12	nin
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 to	rust members, directors and governors.
66	
Signature	
Date 34/7/	18
•	



Trust Membership/Conflict of Interest Statement for: JOHN FIRTH

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

this section)	art Members only are not required to complete
Surname	FIRTH
Forename(s)	JOHN
Previous Name(s)	
Residential Address/Address of registered office	% ALNS
Date of entry to register	
Date of last update/cessation of entry on register	
Amount agreed to pay by way of guarantee (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 shareholder, director or employee that may conduct business with the trust				
Name of Business	Address of Business	Role for Business		
ergenaan 1975 (1971) is see propriete plate of an are a content of the temperature of	KI (ID			

Salterns Academy Trust: Policy



And you a malation of an in a malation also with any	
Are you a relation of or in a relationship with any or school governor within the trust?	y school employee, trust member, trust director
Name of Person	Nature of relationship
	X
Is there any other conflict of interest that you ar	re aware of?
Nature of Conflict	Supporting Information
Tractic of Committee	
N	
Do any of your relations or close friends have ar questions? If so please detail their name below a Statement for them and attach to this statement	and complete another Conflict of Interest
Name of Person	Nature of conflict
	IX
N	
	A property of the state of the
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 memb	pers, directors and governors.
	<u>ANAMANIA II. AARAMAA AARAA AARAAA AARAA AARAAA AARAA AARAAA AARAA AARAAA AARAAA AARAA AARAAA AARAAAA AARAAA AARAAAAAA</u>
Signature	
Date 75	7-110

Salterns Academy Trust: Policy



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 educational establishment where you are employed or act as a trustee/governo					
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment			
	W/A				

Name any business where you a trust	ame any business where you are a shareholder, director or employee that may conduct business with thust				
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 sone 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?	
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 co eir name below and complete ano	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	
		· · · · · · · · · · · · · · · · · · ·	
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	- P		
Date	1.10.18		



Trust Membership/Conflict of Interest Statement for: CATHERINE GREEN

l am a Member	of the following	Bodies Within th	e rrust		
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					
Forename(s)					
Previous Name((s)				
Residential Add	ress/Address of r	egistered office			
Date of entry to	register				
Date of Citaly to					
•	date/cessation of	entry on			
Date of last upo register Amount agreed	date/cessation of to pay by way o	f guarantee	A sum not exce	and the water of the property of the	
Date of last upon register Amount agreed (note only appl	to pay by way o	f guarantee	The state of the s	and the water of the property of the	
Date of last upon register Amount agreed (note only appl Members)	to pay by way of lies to The Salterr	f guarantee as Trust	The state of the s		act as a
Date of last upon register Amount agreed (note only applembers) Name any othe	to pay by way of lies to The Salterr r charity or educator NA	f guarantee ns Trust ational establish	ment where you a		y/Educational
Date of last upon register Amount agreed (note only applembers) Name any othetrustee/governo	to pay by way of lies to The Salterr r charity or educator NA	f guarantee ns Trust ational establish Noke Address of Cha	ment where you a	are employed or Role for Charity	y/Educational
Date of last upon register Amount agreed (note only applembers) Name any othetrustee/governo	to pay by way of lies to The Salterr r charity or educator NA	f guarantee ns Trust ational establish Noke Address of Cha	ment where you a	are employed or Role for Charity	y/Educational
Date of last upon register Amount agreed (note only applembers) Name any othe trustee/governo Name of Charit Establishment	to pay by way of lies to The Salterr r charity or educator NA y/Educational	f guarantee ns Trust ational establish Nove Address of Cha Establishment	ment where you arity/Educational	are employed or Role for Charity Establishment	y/Educational
Date of last upon register Amount agreed (note only apploace) Name any other trustee/governom Name of Charittestablishment Name any busi	to pay by way of lies to The Salterr r charity or educator NA y/Educational ness where you all the trust N	f guarantee as Trust ational establish Address of Cha Establishment	ment where you arity/Educational	are employed or Role for Charity Establishment	y/Educational conduct



or school governor within the trust? N_{c}	
Name of Person	Nature of relationship
	•
Is there any other conflict of interest that yo	ou are aware of? $ \mathcal{N}_{o} $
Nature of Conflict	Supporting Information
questions? If so please detail their name be	ve any conflict of interest as defined in the above low and complete another Conflict of Interest ment. No
questions? If so please detail their name be Statement for them and attach to this stater	low and complete another Conflict of Interest
questions? If so please detail their name be Statement for them and attach to this stater	low and complete another Conflict of Interest ment. No
questions? If so please detail their name be Statement for them and attach to this stater	low and complete another Conflict of Interest ment. No
questions? If so please detail their name be Statement for them and attach to this stater	low and complete another Conflict of Interest ment. No Nature of conflict
questions? If so please detail their name be Statement for them and attach to this stater	low and complete another Conflict of Interest ment. No Nature of conflict
questions? If so please detail their name be Statement for them and attach to this stater Name of Person I agree that the trust may provide my detail	low and complete another Conflict of Interest ment. No Nature of conflict
questions? If so please detail their name be Statement for them and attach to this stater Name of Person	Nature of conflict Is to the Secretary of State for Education if so
questions? If so please detail their name be Statement for them and attach to this stater Name of Person I agree that the trust may provide my detail requested.	Nature of conflict Is to the Secretary of State for Education if so
questions? If so please detail their name be Statement for them and attach to this stater Name of Person I agree that the trust may provide my detail requested. Note: This statement only applies to trust may provide t	Nature of conflict Is to the Secretary of State for Education if so
questions? If so please detail their name be Statement for them and attach to this stater Name of Person I agree that the trust may provide my detail requested.	Nature of conflict Is to the Secretary 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 Mo	embers only are not required to complete this section)
Surname	HOLNESS
Forename(s)	KATE
Previous Name(s)	GRANT / PAYNE.
Residential Address/Address of registered office	TRANT PAYNE. SUNNYSIDE COTTAGE VAPTON ROAD CLIMPING DEST SUSSEX RUIT SEU
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				
	NIA			
	1-11-			

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
	1110	
	NITT	



	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**

I am a Member o	f the following Bo	dies within the Tru	st		1
The Salterns Trust	The Salterns Board of Directors	ALNS Local Governing Body	Trafalgar Local Governing Body	ALNS Key Staff Member	Trafalgar Key Staff Member
100				✓	

My Personal Details (Individuals who are Key Staff M	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 education	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
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 tl	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 s 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	Nurse off
Is there any other conflict of interest that you are a	
Nature of Conflict	Supporting Information
nare	
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
None	
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.
Ω	
Signature	
Date 9/7/18	



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 Members only are not required to complete this section)		
Surname	Kenc	
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 t	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 school employee, trust member, trust director or school governor within the trust?		
Name of Person	Nature of relationship	
	NA	
Is there any other conflict of interest that you are aw	are of?	
Nature of Conflict	Supporting Information	
	NA	
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	
	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, directors and governors.		
Signature (Sus)		
Date 9/2/19		



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
				V	

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 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 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
		•	



Name of Person		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	name below	
questions? If so please detail their Statement for them and attach to	name below	and complete another Conflict of Interest
	name below	and complete another Conflict of Interest t.
questions? If so please detail their Statement for them and attach to	name below	and complete another Conflict of Interest t.
questions? If so please detail their Statement for them and attach to Name of Person I agree that the trust may provide	name below this statemen	and complete another Conflict of Interest t.
questions? If so please detail their Statement for them and attach to Name of Person	name below this statemen 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 Statement for them and attach to Name of Person I agree that the trust may provide requested.	name below this statemen my details to	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)	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 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
NIL.		And the second of the second o

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	
s there any other conflict of interest that you	are aware of?
Nature of Conflict	Supporting Information
NIL	•
,	,
ุเนestions? If so please detail their name below	any conflict of interest as defined in the above and complete another Conflict of Interest
questions? If so please detail their name below Statement for them and attach to this stateme	nt.
questions? If so please detail their name below Statement for them and attach to this stateme Name of Person	and complete another Conflict of Interest
juestions? If so please detail their name below Statement for them and attach to this stateme	nt.
Juestions? If so please detail their name below statement for them and attach to this stateme lame of Person	n and complete another Conflict of Interest nt. Nature of conflict
juestions? If so please detail their name below Statement for them and attach to this stateme Jame of Person	nt.
Juestions? If so please detail their name below statement for them and attach to this stateme lame of Person	nand complete another Conflict of Interest nt. Nature of conflict
agree that the trust may provide my details to equested.	nand complete another Conflict of Interest nt. Nature of conflict o the Secretary of State for Education if so
agree that the trust may provide my details to equested.	nand complete another Conflict of Interest nt. Nature of conflict o the Secretary of State for Education if so
questions? If so please detail their name below Statement for them and attach to this stateme Name of Person	nand complete another Conflict of Interest nt. Nature of conflict o the Secretary of State for Education if so



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	dembers only are not required to complete this section)
Surname	Rosaes
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 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	

e any business where you are	a shareholder, director or employee t	hat may conduct business witl
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
	XIA	,
T		
is there any other	conflict of interest that you are aw	/are of?
Nature of Conflict		Supporting Information
	10	
	. /\/	
Do any of your relations of please detail the to this statement.	ations or close friends have any co 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
	NO	
I agree that the tro	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.
	11.	
Signature	AMA	
Date	5/7/18	



Trust Membership/Conflict of Interest Statement for: TARA SMITH

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	nembers 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			
Are you a relation of or in a relationship with any school employee, trust member, trust director or school governor within the trust?				
Name of Person	Nature of relationship			
Is there any other conflict of interest that you are a	ware of?			
ature 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			
I agree that the trust may provide my details to the	Secretary of State for Education if so requested.			
Note: This statement only applies to trust members,	directors and governors.			
Signature				
Date 9/1/18				



Trust Membership/Conflict of Interest Statement for: JULIA WISBEY

The Salterns	The Salterns	ALNS Local	Trafalgar Local	ALNS Key	Trafalgar Key
Trust	Board of	Governing	Governing	Staff Member	Staff Member
Hust	Directors	Body	Body		

My Personal Details (Individuals who are Key Stathis section)	aff Members only are not required to complete
Surname	WISBEY
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 establish	ment where you are employed or act as a

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		

Salterns Academy Trust: Policy



Name of Person	Nature of relationship
NICK WISBEY	HUSBAND
Is there any other conflict of interest t	hat you are aware of?
Nature of Conflict	Supporting Information
Do any of your relations or close friend questions? If so please detail their nan Statement for them and attach to this	ds 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 nan Statement for them and attach to this	ne below and complete another Conflict of Interest
questions? If so please detail their nan Statement for them and attach to this	ne below and complete another Conflict of Interest statement.
questions? If so please detail their nan Statement for them and attach to this	ne below and complete another Conflict of Interest statement.
questions? If so please detail their nan	ne below and complete another Conflict of Interest statement.
questions? If so please detail their nan Statement for them and attach to this	ne below and complete another Conflict of Interest statement.
questions? If so please detail their nan Statement for them and attach to this Name of Person I agree that the trust may provide my	ne below and complete another Conflict of Interest statement.
questions? If so please detail their nan 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 details to the Secretary of State for Education if so
questions? If so please detail their nan 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 details to the Secretary of State for Education if so
questions? If so please detail their nan Statement for them and attach to this Name of Person	ne 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 Me	embers only are not required to complete this section)
Surname	WISE
Forename(s)	DAVINA ALICIA
Previous Name(s)	GOODRIOGE
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 educational establishment where you are employed or act as a trustee/governor				
Name of Charity/Educational Establishment	Address of Charity/Educational Establishment	Role for Charity/Educational Establishment		
N/A -		-		
NA -				
NA -				

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

Name of Business

Address of Business

Role for Business



		ACADEMY TRUST
Are you a relation governor within t	n of or in a relationship with any scl he trust?	hool employee, trust member, trust director or school
Name of Person		Nature of relationship
Is there any other	r conflict of interest that you are av	vare of?
Nature of Conflict	3243	Supporting Information
War Daniel		
Do any of your re	lations or close friends have any co	nflict of interest as defined in the above questions? If
so please detail the to this statement.	eir name below and complete anot	her 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	Secretary of State for Education if so requested.
7,000		
wote. This statem	ent only applies to trust members,	unectors 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 POZ BBG
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 Establishment 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 th		y school employee, trust member, trust director or school	
Name of Person		Nature of relationship	
NA			
T- +h			
-	conflict of interest that you ar		
Nature of Conflict		Supporting Information	
NA			
Do any of your related so please detail the to this statement.	ations or close friends have an eir name below and complete	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	
NIA			
,			
	AMILIA - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
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 memb	ers, directors and governors.	
Signature	John Beverldg	L	
Date	John Beverldge 13TH SEPT 2018		



Trust Membership/Conflict of Interest Statement for: Grand

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HITHIE	
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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
		244000000			V

My Personal Details (Individuals who are Key Sta	aff Members only are not required to complete
this section)	
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			
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	Role for Business			



Name of Person	Nature of relationship
MARK CATHIE	SPOUSE
Is there any other conflict of interes	st that you are aware of?
Nature of Conflict	Supporting Information
·	
War	
	ends have any conflict of interest as defined in the above name below and complete another Conflict of Interest his statement.
questions? If so please detail their r	name below and complete another Conflict of Interest
questions? If so please detail their r Statement for them and attach to th	name below and complete another Conflict of Interest nis statement.
questions? If so please detail their r Statement for them and attach to th	name below and complete another Conflict of Interest nis statement.
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questions? If so please detail their r Statement for them and attach to the Name of Person I agree that the trust may provide n	name below and complete another Conflict of Interest nis statement.
questions? If so please detail their r Statement for them and attach to the Name of Person I agree that the trust may provide nequested.	Nature of conflict Nature of conflict Nature of conflict Nature of conflict
questions? If so please detail their r Statement for them and attach to the Name of Person I agree that the trust may provide nequested.	name below and complete another Conflict of Interest nis statement. Nature of conflict
questions? If so please detail their restatement for them and attach to the Name of Person I agree that the trust may provide nequested. Note: This statement only applies to	Nature of conflict Nature of conflict Nature of conflict Nature of conflict
questions? If so please detail their r Statement for them and attach to the Name of Person I agree that the trust may provide nequested.	Nature of conflict Nature of conflict Nature of conflict Nature of conflict



Trust Membership/Conflict of Interest Statement for: MARK CATHIE

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

My Personal Details (Individuals who are Key Staff Members only are not required to complete this section)		
Surname	CATHIE	
Forename(s)	MARK DOUBLAS	
Previous Name(s)		
Residential Address/Address of registered office	CAIZE OF TRAFALGAK 3CHOOL	
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	Role for Charity/Educational Establishment			
	144980			

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



	ith any school employee, trust member, trust director
or school governor within the trust?	
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
questions? If so please detail their name b	ave any conflict of interest as defined in the above
Statement for them and attach to this state	ement.
Statement for them and attach to this state Name of Person	elow and complete another Conflict of Interest ement. Nature of conflict
	ement.
	ement.
	ement.
Name of Person	ement.
Name of Person I agree that the trust may provide my deta	Nature of conflict Nature of conflict alls to the Secretary of State for Education if so
Name of Person I agree that the trust may provide my detarequested.	Nature of conflict Nature of conflict alls to the Secretary of State for Education if so
Name of Person I agree that the trust may provide my detarequested.	Nature of conflict Nature of conflict alls to the Secretary of State for Education if so



Trust Membership/Conflict of Interest Statement for: LUCY CLARK

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

My Personal Details (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 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
	P	F	

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	Role for Business
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	D/K	



	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
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DI.	
Is there any other conflict of interest that you are aw	aro of?
13 there any other conflict of filterest that you are awa	are or:
Nature of Conflict	Supporting Information
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P	
	·
Do any of your relations or close friends have any cor	offict of interest as defined in the above questions? If
so please detail their name below and complete anoth	
to this statement.	
Name of Person	Nature of conflict
$\mathcal{O}^{(\cdot)}$	
,	
I agree that the trust may provide my details to the \ensuremath{S}	ecretary of State for Education if so requested.
Note: This statement only applies to trust members, of	directors and governors
Troce This statement only applies to trast members, t	anectors and governors.
Signature / //	
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 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 school employee, trust member, trust director or school governor within the trust?			
Name of Person		Nature of relationship	
Is there any other	conflict of interest that you are aw	are 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 tr	ust 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			



Trust Membership/Conflict of Interest Statement for: Awwica Grow

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

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				

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



Are you a relation of or in a relation or school governor within the trust	onship with any school employee, trust member, trust director t?
Name of Person	Nature of relationship
Is there any other conflict of interes	est that you are aware of?
Nature of Conflict	Supporting Information
	·
	riends have any conflict of interest as defined in the above name below and complete another Conflict of Interest this statement.
Name of Person	Nature of conflict
I agree that the trust may provide requested.	my details to the Secretary of State for Education if so
Note: This statement only applies	to trust members, directors and governors.
A A A	
Signature /	$N_{\mathcal{M}}$.
Date 29/9	115.



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

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	JEFFERY-DAVIS
Forename(s)	JEFFERY-DAVIS KIMBERLEY
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	employed or act as a trustee/governor		
Name of Charity/Educational Establishment				
	NIA			

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
	MA.	
<i>ن</i>		



	ACADENY 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
	6 1 1 1 1 1 1 1 1 1 1
	NH
,	
Is there any other conflict of interest that you are aw	are of?
Nature of Conflict	Supporting Information
	NA.
,	
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
	V) -
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, of	
The state ment only applies to trust members, t	ancetors and governors.
Signature III To an a ci	ρ
Signature Date	' /
Date 2//9/18	



Trust Membership/Conflict of Interest Statement for: AAMIR KOHLI

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 N	Members only are not required to complete this section)
Surname	Kahli
Forename(s)	Aanir
Previous Name(s)	Amer Mushtag
Residential Address/Address of registered office	TRAFALCAR 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 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 governor within th		ool employee, trust member, trust director or school
Name of Person		Mature of relationship
		JA
,		
	<i></i>	
Is there any other	conflict of interest that you are aw	are of?
Nature of Conflict		Supporting Information
		TA
		/
•		
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
		110
		(V
·		
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	44	
Date	19/9/	8



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

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
					✓

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 entry Members Amount agreed to mote only applies to The Salterns Trust Members	My Personal Details <i>(Individuals who are Key Staff M</i>	flembers 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 Traffic AR SCHOOL	Forename(s)	JANET LILLAN
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)	COLLINGS / 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		
		and the second 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



	ACADEMY TRUST
Are you a relation of or in a relationship with any scl 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
	inflict of interest as defined in the above questions? If ther 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 7 Morran	
Date 13/9/(S)	



Trust Membership/Conflict of Interest Statement for: LAURA NERSSESSIAN

		Bodies within th		National security of the second secon	
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 Detai	ils <i>(Individual</i> s	s who are Key Sta			to complete
Surname			NERSSESS	IAN	
Forename(s)			LAURA		THE WALLES AND THE WAY AND THE
Previous Name(s)					
Residential Addres	ss/Address of	registered office	30 MAFEK	ING ED, PO	RTSMOUT
Date of entry to re	egister				
Date of last updat register	e/cessation o	f entry on			
Amount agreed to (note only applies Members)		化三氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	A sum not exce	eding £10.00	
Name any other c trustee/governor	harity or educ	ational establish	ment where you	are employed or	act as a
Name of Charity/E Establishment	Educational	Address of Cha Establishment	rity/Educational	Role for Charity Establishment	/Educational
		- 70/1	+		
Name any busines	•	are a shareholde	r, director or emp	ployee that may	conduct
Name of Bu		Address o	of Business	Role for	Business
		$ \sim 1/\Delta$		A STATE OF THE PARTY OF THE STATE OF THE STA	

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

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	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	that may conduct business w
Name of Business	Address of Business	Role for Business
	MATA	



		SAILCIIIS 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	vare of?
Nature of Conflict		Supporting Information
		N/A.
_/		
Do any of your relations of please detail the to this statement.	ations or close friends have any col 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
		NIA
	,	
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	cparsas	
Date	Cparsons 13.9.18	



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

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

iniy Personal Details (<i>Individuals who are key Stall Mi</i>	embers only are not required to complete this section)
Surname	Raebun
Forename(s)	Acice
Previous Name(s)	NA
Residential Address/Address of registered office	Trapager school, 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 educa	ational 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
	NA	

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		
	NA			



		ACADEMY TRUST
Are you a relation governor within th		nool employee, trust member, trust director or school
Name of Person		Nature of relationship
	AIA	
	WI	
Is there any other	conflict of interest that you are aw	are of?
Nature of Conflict		Supporting Information
	NA	
Do any of your related so please detail the to this statement.	ations or close friends have any cor eir name below and complete anotl	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 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	Restric	
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	
M					✓	

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 t	hat 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 school employee, trust member, trust director or school governor within the trust?				
Name of Person	Nature of relationship			
Is there any other conflict of interest that you are	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 members, directors and governors.				
Signature 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 Key Staff Member
					✓
My Personal Deta	ils <i>(Individuals wi</i>	ho are Key Staff Me	embers only are no	nt required to comp	olete this section
Surname		Simms			
Forename(s)			Charlene		
Previous Name(s)					
Residential Addre	ss/Address of reg	istered office	Trafalgar School		
Date of entry to r	egister				
Date of last upda	te/cessation of en	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 o	charity or education	nal establishment	where you are em	ployed or act as a	trustee/govern
Name of Charity/Educational Establishment Address of Char Establishment		Address of Charity/Educational Establishment		Role for Charity/E Establishment	ducational
Name any busine trust	ss where you are	a sharehølder, dire	ector or employee t	that may conduct b	ousiness with th
- -					

Name of Business	Address of Business	Role for Business
	MA	
	177	



		ACADEMY TRUST
Are you a relation governor within the		ool employee, trust member, trust director or school
Name of Person		Nature of relationship
	A	A
and the same of th	V	1
<u></u>		
Is there any other	conflict of interest that you are aw	are of?
Nature of Conflict		Supporting Information
	P	LA
Commence of the second	\	
		offlict of interest as defined in the above questions? If the conflict of Interest Statement for them and attach
Name of Person		Nature of conflict
		٨
	V	J.A.
I agree that the tr	ust may provide my details to the S	ecretary of State for Education if so requested.
Note: This statem	ent only applies to trust members, o	directors and governors.
Signature	7	
	10-01-10	
Date	113-9-18.	