

**THE WYTHENSHAW CATHOLIC ACADEMY TRUST  
ANNUAL DECLARATION OF BUSINESS/PECUNIARY INTERESTS**

Please complete this form, circling/ticking and filling the box that applies to you, and return it to the *Clerk to the Governing Body* within 7 days for insertion in the Register of Pecuniary Interests.

Are you a parent Governor?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Will you have a child at the Academy during the current academic year?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Do you have any close family members employed by the Academy?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Do you have any close family members who are Trustees/Members/Governors of the Academy	Yes <input type="radio"/> No <input checked="" type="radio"/>

**Please identify any material interests arising from close family relationships between the academy trust's members or trustees, and relationships between members or trustees and employees.**

Name of Business	Nature of Business	Nature of Interest	Date of Appointment or Acquisition	Date of Cessation Of Interest	Date of Entry
None.					

I (Name) Michael Richard Johnson Certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the Academy. I confirm that I have read the Notes of Guidance and am aware of the requirements of the Academies Financial Handbook as far as they are explained in the Notes of Guidance.

Signature  Print Name: Mr. R. Johnson Date: 12.09.16.

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Will you have a child at the Academy during the current academic year?	Yes/No
Do you have any close family members employed by the Academy?	Yes/No
Do you have any close family members who are Trustees/Members/Governors of the Academy?	Yes/No

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STELLA BERTHS	MAT SCHOOL	RETIRE IN LAW			10-09-16

I (Name) Michelle Flanagan Certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the Academy. I confirm that I have read the Notes of Guidance and am aware of the requirements of the Academies Financial Handbook as far as they are explained in the Notes of Guidance.

Signature  Print Name: MICHELLE FLANAGAN Date: 10-09-16

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Are you a parent Governor?	Yes/No
Will you have a child at the Academy during the current academic year? <i>2 grandchildren at St. Anthony's</i>	Yes/No
Do you have any close family members employed by the Academy?	Yes/No
Do you have any close family members who are Trustees/Members/Governors of the Academy	Yes/No

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NATIONAL UNION of TEACHERS	Trade Union Professional/Assoc	As an officer representing teaching staff	Sept 2002	ongoing	

I (Name) *Stephan Marciniak* certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the Academy. I confirm that I have read the Notes of Guidance and am aware of the requirements of the Academies Financial Handbook as far as they are explained in the Notes of Guidance.

Signature *Stephan Marciniak* Print Name: *Stephan Marciniak* Date: *12.09.2016*

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Will you have a child at the Academy during the current academic year?	Yes/No <input checked="" type="radio"/>
Do you have any close family members employed by the Academy?	Yes/No <input checked="" type="radio"/>
Do you have any close family members who are Trustees/Members/Governors of the Academy	Yes/No <input checked="" type="radio"/>

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Diocese of Reading	Education for Diocese	Director Education	2005		

I (Name) DAVID ROBERTS..... Certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the Academy. I confirm that I have read the Notes of Guidance and am aware of the requirements of the Academies Financial Handbook as far as they are explained in the Notes of Guidance.

Signature  Print Name: DAVID S. ROBERTS Date: 12/9/16

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Will you have a child at the Academy during the current academic year?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Do you have any close family members employed by the Academy?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Do you have any close family members who are Trustees/Members/Governors of the Academy	Yes <input type="radio"/> No <input checked="" type="radio"/>

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N/A.					

I (Name) GABRIELLE HATTAM ..... Certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the Academy. I confirm that I have read the Notes of Guidance and am aware of the requirements of the Academies Financial Handbook as far as they are explained in the Notes of Guidance.

Signature  Print Name: HATTAM Date: 12/9/16.

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Are you a parent Governor?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Will you have a child at the Academy during the current academic year?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Do you have any close family members employed by the Academy?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Do you have any close family members who are Trustees/Members/Governors of the Academy	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

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I (Name) Maureen Sweeney..... Certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the Academy. I confirm that I have read the Notes of Guidance and am aware of the requirements of the Academies Financial Handbook as far as they are explained in the Notes of Guidance.

Signature Maureen Sweeney Print Name: MAUREEN SWEENEY Date: 12/9/2016

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Will you have a child at the Academy during the current academic year?	<input type="radio"/> Yes/ <input checked="" type="radio"/> No
Do you have any close family members employed by the Academy?	<input type="radio"/> Yes/ <input checked="" type="radio"/> No
Do you have any close family members who are Trustees/Members/Governors of the Academy	<input checked="" type="radio"/> Yes/ <input type="radio"/> No

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None	None				

I (Name).....*Charal Fox*..... Certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the Academy. I confirm that I have read the Notes of Guidance and am aware of the requirements of the Academies Financial Handbook as far as they are explained in the Notes of Guidance.

**Signature**

**Print Name:**

**Date:**

*Charal Fox*  
*Charal Fox*  
*12/9/2016*

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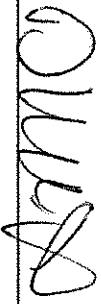
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Are you a parent Governor?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Will you have a child at the Academy during the current academic year?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Do you have any close family members employed by the Academy?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Do you have any close family members who are Trustees/Members/Governors of the Academy	<input checked="" type="radio"/> Yes <input type="radio"/> No

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None.					

I (Name) DOMINIC WYTHENSHAW Certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the Academy. I confirm that I have read the Notes of Guidance and am aware of the requirements of the Academies Financial Handbook as far as they are explained in the Notes of Guidance.

Signature  Print Name: DOMINIC WYTHENSHAW Date: 12/9/16.

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Will you have a child at the Academy during the current academic year?	Yes/No
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Do you have any close family members who are Trustees/Members/Governors of the Academy	Yes/No

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I (Name).....*L. Kelly*..... Certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the Academy. I confirm that I have read the Notes of Guidance and am aware of the requirements of the Academies Financial Handbook as far as they are explained in the Notes of Guidance.

Signature *L. Kelly* Print Name: *L. KELLY* Date: *12/9/16*

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Will you have a child at the Academy during the current academic year?	<input type="radio"/> Yes/ <input checked="" type="radio"/> No
Do you have any close family members employed by the Academy?	<input type="radio"/> Yes/ <input checked="" type="radio"/> No
Do you have any close family members who are Trustees/Members/Governors of the Academy	<input checked="" type="radio"/> Yes/ <input type="radio"/> No

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ST. MARY'S	REPORTED TO GOVERNOR	- CFTM US40.	Sept 15		
W	ACQUAION TO GOVERNOR	- BILL US40.	Sept 15.		

I (Name) MARIE BULLOCK Certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the Academy. I confirm that I have read the Notes of Guidance and am aware of the requirements of the Academies Financial Handbook as far as they are explained in the Notes of Guidance.

Signature  Print Name: MARIE BULLOCKS Date: 12/9/16

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Are you a parent Governor?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Will you have a child at the Academy during the current academic year?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Do you have any close family members employed by the Academy?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
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Signature *Allice* Print Name: *AUSTIN MOORE* Date: *12<sup>th</sup> Sept 2016*

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