

STRICTLY CONFIDENTIAL
REGISTER OF BUSINESS INTERESTS
STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: STUART ROSE
 2. Address: 3 THE STOCKS, TINTWISTLE, SK13 1LL

 3. Position held at School: GOVERNOR
 4. Declaration: (delete as appropriate)

Before answering, please read the notes on the reverse of this form.

- a) I declare that I and ~~for~~ the members of my immediate family have no direct ~~and~~ or indirect business interests which are required to be declared under the Derbyshire Scheme for Financing Schools.
 b) ~~I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under the Derbyshire Scheme for Financing Schools.~~

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

5. Any **Employment, Office, Trade, Profession or Vocation** that may result in a conflict of interest as defined by the Derbyshire Scheme for Financing Schools.

Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

I understand that it is my responsibility to declare the nature of any business interest, direct or indirect, of myself or the members of my immediate family in any contract, proposed contract or other matter when present at a meeting at the School where the specified contract/matter comes under consideration and withdraw from the meeting during the discussion and not vote in respect of it.

I also understand that it can be a criminal offence to:

- a) omit information which should be included on this form;
 b) provide information which is false or misleading;
 c) Fail to notify the Governors / Head Teacher of any subsequent change in circumstances which might render this declaration to be invalid or out of date.

Signed Stuart Rose Date: 18/12/18

- d) When completed this form should be handed to the Head Teacher or Clerk to the Governors. It is a legal requirement that the information contained herein is available for inspection by governors, staff, parents and any representative of the Local Authority charged with ensuring compliance with the Derbyshire Scheme for Financing Schools.

STRICTLY CONFIDENTIAL
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STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: Adam Robert Gregson
2. Address: 11 EHLINGER AVE, HINDFIELD, GLASGOW
DERBYSHPRE, SK13 1BL
3. Position held at School: FOUNDATION GOVERNOR
4. Declaration: (delete as appropriate)

Before answering, please read the notes on the reverse of this form.

- a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
b) I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under Section 2.9 of the LMS Delegation Scheme.

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

5. Any **Employment, Office, Trade, Profession or Vocation** that may result in a conflict of interest as defined by Section 2.9 of the LMS Delegation Scheme or Financial Document 5 issued in explanation of the LMS delegation Scheme.

Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

I understand that it is my responsibility to declare the nature of any business/pecuniary interest, direct or indirect, of myself or the members of my immediate family in any contract, proposed contract or other matter when present at a meeting at the School where the specified contract/matter comes under consideration and withdraw from the meeting during the discussion and not vote in respect of it.

I also understand that it can be a criminal offence to:

- a) omit information which should be included on this form;
b) provide information which is false or misleading;
c) fail to notify the Governors / Headteacher of any subsequent change in circumstances which might render this declaration to be invalid or out of date.

Signed:

Date:

23/12/18

When completed this form should be handed to the Headteacher or Clerk to the Governors. It is a legal requirement that the information contained herein is available for inspection by governors, staff, parents and any representative of the Local Authority charged with ensuring compliance with the LMS Delegation scheme.

STRICTLY CONFIDENTIAL
REGISTER OF BUSINESS INTERESTS
STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: MRS LYNNE McDONALD
2. Address: 8 MAYFLOWER CLOSE
GLOSSOP, DERBYSHIRE
SK13 8UA
3. Position held at School: PARENT GOVERNOR
4. Declaration: (delete as appropriate)

Before answering, please read the notes on the reverse of this form.

- a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
- b) I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under Section 2.9 of the LMS Delegation Scheme.

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

5. Any **Employment, Office, Trade, Profession or Vocation** that may result in a conflict of interest as defined by Section 2.9 of the LMS Delegation Scheme or Financial Document 5 issued in explanation of the LMS delegation Scheme.

Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

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- b) provide information which is false or misleading;
- c) fail to notify the Governors / Headteacher of any subsequent change in circumstances which might render this declaration to be invalid or out of date.

Signed: Lynne McDonald Date: 3/12/2018

When completed this form should be handed to the Headteacher or Clerk to the Governors. It is a legal requirement that the information contained herein is available for inspection by governors, staff, parents and any representative of the Local Authority charged with ensuring compliance with the LMS Delegation scheme.

STRICTLY CONFIDENTIAL
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STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: KEITH DAVID BRIERLEY
2. Address: 68 WEST DRIVE, TINTWISTLE,
GLDSDP, DERBYSHIRE
SK13 1NR
3. Position held at School: Foundation Governor
4. Declaration: (delete as appropriate)
Before answering, please read the notes on the reverse of this form.

- a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
b) I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under Section 2.9 of the LMS Delegation Scheme.

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

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Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

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Signed: K.D. Brierley Date: 3/12/18

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STRICTLY CONFIDENTIAL
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STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: SCOTT ROBERT LEES
 2. Address: 7 JURA CLOSE
WUWINFIELD
CHESHIRE SK16 4DE
 3. Position held at School: GOVERNOR - VICE CHAIR
 4. Declaration: (delete as appropriate)
 Before answering, please read the notes on the reverse of this form.

- ☒ a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
☐ b) I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under Section 2.9 of the LMS Delegation Scheme.

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

5. Any **Employment, Office, Trade, Profession or Vocation** that may result in a conflict of interest as defined by Section 2.9 of the LMS Delegation Scheme or Financial Document 5 issued in explanation of the LMS delegation Scheme.

Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

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 b) provide information which is false or misleading;
 c) fail to notify the Governors / Headteacher of any subsequent change in circumstances which might render this declaration to be invalid or out of date.

Signed:

R. Lees

Date: 3rd Dec 2018

When completed this form should be handed to the Headteacher or Clerk to the Governors. It is a legal requirement that the information contained herein is available for inspection by governors, staff, parents and any representative of the Local Authority charged with ensuring compliance with the LMS Delegation scheme.

STRICTLY CONFIDENTIAL
REGISTER OF BUSINESS INTERESTS
STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: JO GRIFFIN
2. Address: 5 HAZEL CLOSE, MARPLE
STOCKPORT
SK6 7QT
3. Position held at School: HEADTEACHER
4. Declaration: (delete as appropriate)

Before answering, please read the notes on the reverse of this form.

- a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
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Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

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b) provide information which is false or misleading;
c) fail to notify the Governors / Headteacher of any subsequent change in circumstances which might render this declaration to be invalid or out of date.

Signed: [Signature] Date: 3.12.18

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STRICTLY CONFIDENTIAL
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STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: ROSALIND SMITH
 2. Address: 5 CHAPEL BROW
 SK13 1LB

 3. Position held at School: FOUNDATION GOVERNOR
 4. Declaration: (delete as appropriate)

Before answering, please read the notes on the reverse of this form.

- a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
 b) ~~I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under Section 2.9 of the LMS Delegation Scheme.~~

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

5. Any **Employment, Office, Trade, Profession or Vocation** that may result in a conflict of interest as defined by Section 2.9 of the LMS Delegation Scheme or Financial Document 5 issued in explanation of the LMS delegation Scheme.

Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

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 b) provide information which is false or misleading;
 c) fail to notify the Governors / Headteacher of any subsequent change in circumstances which might render this declaration to be invalid or out of date.

Signed:

Date:

3/12/2018

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STRICTLY CONFIDENTIAL
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STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: ROBERT BAKER
 2. Address: 14 WEST DRIVE
TINTWISTLE GLASSOP
SK13 1LX
 3. Position held at School: PARENT GOVERNOR
 4. Declaration: (delete as appropriate)

Before answering, please read the notes on the reverse of this form.

- a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
 b) ~~I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under Section 2.9 of the LMS Delegation Scheme.~~

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

5. Any **Employment, Office, Trade, Profession or Vocation** that may result in a conflict of interest as defined by Section 2.9 of the LMS Delegation Scheme or Financial Document 5 issued in explanation of the LMS delegation Scheme.

Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

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 b) provide information which is false or misleading;
 c) fail to notify the Governors / Headteacher of any subsequent change in circumstances which might render this declaration to be invalid or out of date.

Signed: R. Baker Date: 3.12.15

When completed this form should be handed to the Headteacher or Clerk to the Governors. It is a legal requirement that the information contained herein is available for inspection by governors, staff, parents and any representative of the Local Authority charged with ensuring compliance with the LMS Delegation scheme.

STRICTLY CONFIDENTIAL
REGISTER OF BUSINESS INTERESTS
STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: BRUCE ALEXANDER PERRIN
 2. Address: 6 TAYLOR STREET
HOLLINGWORTH
9114 8TH
 3. Position held at School: GOVERNOR
 4. Declaration: (delete as appropriate)
 Before answering, please read the notes on the reverse of this form.

- a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
 b) I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under Section 2.9 of the LMS Delegation Scheme.

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

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Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

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 b) provide information which is false or misleading;
 c) fail to notify the Governors / Headteacher of any subsequent change in circumstances which might render this declaration to be invalid or out of date.

Signed: B. Perrin Date: 3/17/18

When completed this form should be handed to the Headteacher or Clerk to the Governors. It is a legal requirement that the information contained herein is available for inspection by governors, staff, parents and any representative of the Local Authority charged with ensuring compliance with the LMS Delegation scheme.

STRICTLY CONFIDENTIAL
REGISTER OF BUSINESS INTERESTS
STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: Louise Marsden
2. Address: 22 Ashfield Road, Hadfield,
SK13 2SP
3. Position held at School: Foundation Governor
4. Declaration: (delete as appropriate)

Before answering, please read the notes on the reverse of this form.

- a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
b) I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under Section 2.9 of the LMS Delegation Scheme.

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

5. Any **Employment, Office, Trade, Profession or Vocation** that may result in a conflict of interest as defined by Section 2.9 of the LMS Delegation Scheme or Financial Document 5 issued in explanation of the LMS delegation Scheme.

Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

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I also understand that it can be a criminal offence to:

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Signed: L. Marsden Date: 3/12/18

When completed this form should be handed to the Headteacher or Clerk to the Governors. It is a legal requirement that the information contained herein is available for inspection by governors, staff, parents and any representative of the Local Authority charged with ensuring compliance with the LMS Delegation scheme.

STRICTLY CONFIDENTIAL
REGISTER OF BUSINESS INTERESTS
STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: Victoria Mullis
 2. Address: 54 Old Rd
Tintwistle
SK13 1UH
 3. Position held at School: Chair of Govs
 4. Declaration: (delete as appropriate)

Before answering, please read the notes on the reverse of this form.

- a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
 b) I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under Section 2.9 of the LMS Delegation Scheme.

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

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Individual and Employer/Body involved:	Description of Employment or Activity which may result in conflict of interest:

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 b) provide information which is false or misleading;
 c) fail to notify the Governors / Headteacher of any subsequent change in circumstances which might render this declaration to be invalid or out of date.

Signed: [Signature] Date: 2.12.18

When completed this form should be handed to the Headteacher or Clerk to the Governors. It is a legal requirement that the information contained herein is available for inspection by governors, staff, parents and any representative of the Local Authority charged with ensuring compliance with the LMS Delegation scheme.

STRICTLY CONFIDENTIAL
REGISTER OF BUSINESS INTERESTS
STAFF AND GOVERNORS OF TINTWISTLE SCHOOL

1. Full Name: SARAH BOTT
 2. Address: S ADDERLEY PLACE
GLOSSOP, DERBESHIRE SK13 6PA
 3. Position held at School: TEACHER
 4. Declaration: (delete as appropriate)

Before answering, please read the notes on the reverse of this form.

- a) I declare that I and / or the members of my immediate family have no direct and/ or indirect business interests which are required to be declared under Section 2.9 of the LMS Delegation Scheme.
 b) ~~I declare that I and/ or the members of my immediate family have the following direct and/or indirect business interests which are likely to impinge on my duties as a Governor/Staff Member and needs to be declared under Section 2.9 of the LMS Delegation Scheme.~~

IF THE ANSWER TO 4. IS b), PLEASE COMPLETE THE FOLLOWING:

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Signed: S/BOTT Date: 3/11/18

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