SCHOOL

	ME STOCKS, TINTWISTLE, SKIBILL
4. Declaration: (delete	as appropriate) ease read the notes on the reverse of this form.
indirect business in Scheme for Financi b) I declare that I and and/or indirect bus	d/ or the members of my immediate family have the following direct siness interests which are likely to impinge on my duties as a mber and needs to be declared under the Derbyshire Scheme for
IF THE ANSWER TO	4. IS b), PLEASE COMPLETE THE FOLLOWING:
	ffice, Trade, Profession or Vocation that may result in a conflict of the Derbyshire Scheme for Financing Schools.
	Description of Employment or Activity which may result in conflict of interest:
indirect, of myself or the other matter when pres	y responsibility to declare the nature of any business interest, direct or members of my immediate family in any contract, proposed contract or sent at a meeting at the School where the specified contract/matter ion and withdraw from the meeting during the discussion and not vote
I also understand that it of	can be a criminal offence to:
b) provide information which might render this	h should be included on this form; hich is false or misleading; vernors / Head Teacher of any subsequent change in circumstances is declaration to be invalid or out of date. Date: 18 12 18
Governors. It is a le inspection by governo	is form should be handed to the Head Teacher or Clerk to the egal requirement that the information contained herein is available for ors, staff, parents and any representative of the Local Authority charged ince with the Derbyshire Scheme for Financing Schools.

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2 Address: Il E	N LOBERT GREGGON WINGER AUE, HINDERELD GLEGGOD 1341/08, 3613 1BL
4. Declaration: (delete	ool: באר פאר פאר פאר פאר פאר פאר פאר פאר פאר פ
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b) I declare that I a	nd/ or the members of my immediate family have the following direct usiness interests which are likely to impinge on my duties as a tember and needs to be declared under Section 2.9 of the LMS
IF THE ANSWER TO	4. IS b), PLEASE COMPLETE THE FOLLOWING:
interest as defined b	Office, Trade, Profession or Vocation that may result in a conflict of by Section 2.9 of the LMS Delegation Scheme or Financial Document 5 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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3. Position neig at Sci 4. Declaration: (delete	MANE MUDD NALD 1AYFLOWER CLOSE 550f, DERBYSHIKE 5 8UD hool: PARENT GOVERNOR e as appropriate) please read the notes on the reverse of this form.
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IF THE ANSWER TO	O 4. IS b), PLEASE COMPLETE THE FOLLOWING:
5. Any Employment, interest as defined	Office, Trade, Profession or Vocation that may result in a conflict of by Section 2.9 of the LMS Delegation Scheme or Financial Document 5 on 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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 a) omit information which should be included on this form; b) provide information which is false or misleading; c) fall 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	
Signed:d.	this declaration to be invalid or out of date. Much Buld Date: 3 12 2018

1. Full Name: KECTH	DAJID BRIERLEY.
2. Address:68 L	150P DEARYSHIRE
Ch i	3 INB. OOI: Faindation Covernor
 Position held at Sch Declaration: (delete 	as appropriate)
Before answering, p	lease read the notes on the reverse of this form.
indirect business LMS Delegation S	nd/ or the members of my immediate family have the following direct
and/or indirect h	ember and needs to be declared under Section 2.9 of the LMS
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Signed:	.0. Brislay Date: 3/12/18.
is a legal requirement governors, staff, pare	form should be handed to the Headteacher or Clerk to the Governors. It that the information contained herein is available for inspection by nts and any representative of the Local Authority charged with ensuring MS Delegation scheme.

2. Address:	OTT ROBERT LEES JULA CHOSE WINFIELD CHESHIRE SWIG UDE ool: GOVERNOR - VICE CHAIR as appropriate) lease read the notes on the reverse of this form.
/ indirect business LMS Delegation S b) I declare that I are	nd/ or the members of my immediate family have the following direct usiness interests which are likely to impinge on my duties as a ember and needs to be declared under Section 2.9 of the LMS
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1. Full Name: 2. Address: 3. Position held at Sch 4. Declaration: (delete	CRIFFIN HOZEZ CLOSE, MARVE STOCKPORT SKG FOT OOI: HEADTEACHER
Before answering, p	lease read the notes on the reverse of this form.
indirect business LMS Delegation S b) I declare that I are	nd/ or the members of my immediate family have the following direct usiness interests which are likely to impinge on my duties as a ember and needs to be declared under Section 2.9 of the LMS
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Signed:	A QQ Date: 3:12:18
When completed this is a legal requirement governors, staff, pare	form should be handed to the Headteacher or Clerk to the Governors. It that the information contained herein is available for inspection by nts and any representative of the Local Authority charged with ensuring MS Delegation scheme.

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2. Address:	ACINO SAITH CHAPLE BLOW SIGB
4 Declaration: (delete	ool: Foun DATION COVER NOT as appropriate) lease read the notes on the reverse of this form.
indirect business indirect business in LMS Delegation S b) I declare that I are and/or indirect business in the land of the la	nd/ or the members of my immediate family have the following direct usiness interests which are likely to impinge on my duties as a ember and needs to be declared under Section 2.9 of the LMS
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I also understand that i	t can be a criminal offence to:
b) provide information c) fail to notify the G	ich should be included on this form; which is false or misleading; overnors / Headteacher of any subsequent change in circumstances this declaration to be invalid or out of date. Date: 3/12/20/8
is a legal requirement governors, staff, parer	form should be handed to the Headteacher or Clerk to the Governors. It that the information contained herein is available for inspection by hits and any representative of the Local Authority charged with ensuring MS Delegation scheme.

1. Full Name:ROB 2. Address:	ERT BAKER WEST DRIVE TNEWISTLE GLOSSOP SKIZ LX 1001: PARENT GOVERNOR
4 Declaration: Idelete	e as appropriate) blease read the notes on the reverse of this form.
indirect business LMS Delegation S b) I declare that I all and/or indirect b Governor/Staff M Delegation Sehen	nd/ or the members of my immediate family have the following direct usiness interests which are likely to impinge on my duties as a lember and needs to be declared under Section 2.9 of the LMS ne.
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5. Any Employment, C	Office, Trade, Profession or Vocation that may result in a conflict of by Section 2.9 of the LMS Delegation Scheme or Financial Document 5 in of the LMS delegation Scheme.
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b) provide informationc) fail to notify the Gwhich might render	ich should be included on this form; which is false or misleading; sovernors / Headteacher of any subsequent change in circumstances this declaration to be invalid or out of date.
Signed:	R. 4002 Date: 3/12/18
When completed this	form should be handed to the Headteacher or Clerk to the Governors. It

E TT	CE FLEXADIDER PERRIN MIOR STREET INGWORTH 8777 1001: GOVENOR
3. Position held at Sch	1001: GOVENOR
4 Declaration: (delete	e as appropriate)
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2. Address:22	rise Marsden Ashfield Road, Hadfield, SK-13 2158
4. Declaration: (delete	1001: Foundation Covernor
indirect business LMS Delegation S b) I declare that I a and/or indirect b	nd/ or the members of my immediate family have the following direct business interests which are likely to impinge on my duties as a lember and needs to be declared under Section 2.9 of the LMS
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Signed:	
When completed this	form should be handed to the Headteacher or Clerk to the Governors. It

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2. Address:	please read the notes on the reverse of this form.
indirect business LMS Delegation S b) I declare that I a and/or indirect b Governor/Staff N Delegation Schem	nd/ or the members of my immediate family have the following direct business interests which are likely to impinge on my duties as a lember and needs to be declared under Section 2.9 of the LMS ne.
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Signed:	Date: .3: 12: 18
	Date

2.	Full Name: SA Address: S.	GIOSSOP, DERISHRE SKI36PA
3. 4.	Declaration: (delet	hool:TCACHER
	indirect business LMS Delegation (b) I declare that and/or indirect	and/ or the members of my immediate family have the following direct business interests which are likely to impinge on my duties as a needs to be declared under Section 2.8 of the LMS
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ę	Signed:	8(60A) Date: 3[11]8.
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