

Public Ethics Form 2016

Name of Trust:.....

Name of Academy: **Date:**

Section 1: Business Declarations

Name of Company:	
Type of business:	
Relationship:	
Are you employed or self-employed by this company?	
If self-employed please provide company name, registration and tax number	
Please provide nature of work undertaken by company	

Have you been given permission to undertake this work? Y/N (delete as appropriate)

Please provide name/job title of person who granted permission

Name:	
Job Title:	

Please indicate in the box below if you have any business/personal/financial/property or trust interests that would conflict with your work in the (name of trust) or influence any decisions that you make.

	Yes	No
Personal		
Directorship/Partnership/Company Secretary		
Property		
Trust		
Business		

Shareholding		
Other		

Do you hold any personal interests in local clubs, associations or societies which may conflict with the (name of Trust)'s interests Y/N (delete as appropriate)

If yes please provide details:

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If you **ARE** related to any member of staff in the Academy/Trust or member of the governing body provide details:

Name of person(s) related to:	
Job Title:	
Relationship:	

Section 2 . Family Associations

Do any of your immediate family (e.g spouse, close family member) have any business interest that will conflict with the Academy Trusts interest Y/N (delete as appropriate).

If yes please fill in the following:

Name of Company:	
Type of business:	
Relationship:	
Are you employed or self-employed by this company?	
If self-employed please provide company name, registration and tax number	
Please provide nature of work undertaken by company	

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Please indicate in the box below if your immediate family have any business/personal/financial/property or trust interests that would conflict with your work in the Academy Trust or influence any decisions you make.

	Yes	No
Personal		
Directorship/Partnership/Company Secretary		
Property		
Trust		
Business		
Shareholding		
Other		

Declaration

I declare that to the best of my knowledge and belief the answers given above are truthful, accurate and complete. I will inform the Academy Trusts of any change to these answers within 28 days of the change taking place. I understand that in making this declaration this does not in itself signify any form of approval by the (name of Trust).

I understand that information provided may be verified by the (Name of Trust) will be held confidentially and may be accessed by authorised personnel only.

Name	
Signature	
Date	

Please return this form to the Schools Business Manager.