



Hull Collaborative Academy Trust Pecuniary Business and Personal Interest Form 2017/18

This is a statutory document and therefore must be completed

Name: Andrew Barber Role: Trust Member Director Governor Member of Staff (Circle as appropriate)

Name of involvement in procurement: (Please ✓ as appropriate) Yes No Arrange Contracts Yes No Approve Orders Yes No Certify Invoices Yes No Raise Orders Yes No

Name of Business	Nature of Business	Nature of Interest	Date of Appointment/ Acquisition of Interest	Date of Cessation of Interest	Signature
HEXSmile	Charity	Director	Nov 2008		
Humber NHS	NHS	Governor	2015		

Are you related / personal friends to any member of the staff or governing body of Hull Collaborative Academy Trust (this includes all the schools within the trust)?
YES / NO (delete as appropriate)

If YES please state Name NAHIL SATYI Role Exec Head of Full Relationship Friend

Governor or Trustee of any other schools / academies YES / NO (delete as appropriate) is YES please state overleaf

To the best of my knowledge the information supplied above is correct and complete. I understand that it is my responsibility to declare any conflict of interest/loyalty, business or personal that relates directly or indirectly, to myself or any relation in any contract, proposed contract or other matter when present at a meeting at the school where such contract or matter comes under consideration. I understand that I must withdraw from any meeting during the discussion of such contract or matter and must not vote in respect of it.

I certify that I do not have any interests to declare.

Signed Date 4-12-17

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If you are a governor or trustee of any other schools and/or academies, please provide details below:

Name of school/academy: Longhill
Position held: Gov
Date appointed/elected to post:
Date of termination to post:

Register of Pecuniary Business and Personal Interests

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Name: ANTHONY KINGSTON Role: Trust Member ~~Director~~ ~~Governor~~ ~~Member of Staff~~ (Circle as appropriate)

Name of involvement in procurement: (Please ✓ as appropriate)

Arrange Contracts	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Approve Orders	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Certify Invoices	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Raise Orders	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Name of Business	Nature of Business	Nature of Interest	Date of Appointment/ Acquisition of Interest	Date of Cessation of Interest	Signature

Are you related / personal friends to any member of the staff or governing body of Hull Collaborative Academy Trust (this includes all the schools within the trust)?
~~YES~~ **NO** (delete as appropriate)

If YES please state Name _____ Role _____ Relationship _____

Governor or Trustee of any other schools / academies YES / ~~NO~~ (delete as appropriate) is YES please state overleaf

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I certify that I do not have any interests to declare.

Signed A.O. Kingston Date 4 Dec 17

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If you are a governor or trustee of any other schools and/or academies, please provide details below:

Name of school/academy: 1) South Hylton Academy (Ladlow Trust) 2) Flower Inf (Jigsaw)
 Position held: Governor Chair of Trust
 Date appointed/elected to post: May 17 1 Jan 17
 Date of termination to post: May 20 31 Dec '20

Register of Pecuniary Business and Personal Interests

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Name: Cheryl Yates _____ Role: Director

Name of involvement in procurement: _____ Arrange Contracts Yes No Approve Orders Yes No Certify Invoices Yes No Raise Orders Yes No

Name of Business	Nature of Business	Nature of Interest	Date of Appointment/ Acquisition of Interest	Date of Cessation of Interest	Signature

Are you related / personal friends to any member of the staff or governing body of Hull Collaborative Academy Trust (this includes all the schools within the trust)?
YES / NO (delete as appropriate)

If YES please state Name Katie head Role Executive Head Relationship Friend
Eastfield / vice CEO of HCAT

Governor or Trustee of any other schools / academies YES / NO (delete as appropriate) is YES please state overleaf

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I certify that I do not have any interests to declare.

Signed Cheryl Yates Date 9/11/17

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If you are a governor or trustee of any other schools and/or academies, please provide details below:

Name of school/academy: _____
Position held: _____
Date appointed/elected to post: _____
Date of termination to post: _____

N/A

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Name: Christopher Huscroft Role: ~~Trust Member~~ **Director** ~~Governor~~ **Member of Staff** (Circle as appropriate)

Name of involvement in procurement: (Please ✓ as appropriate) Arrange Contracts Yes No Approve Orders Yes No Certify Invoices Yes No Raise Orders Yes No

Name of Business	Nature of Business	Nature of Interest	Date of Appointment/ Acquisition of Interest	Date of Cessation of Interest	Signature
SET	Academy Trust	CEO			<i>Chris</i>
RunWithIt	Charity providing bespoke Education Package.	Trustee			<i>Chris</i>

Are you related / personal friends to any member of the staff or governing body of Hull Collaborative Academy Trust (this includes all the schools within the trust)?
YES / NO (delete as appropriate)

If YES please state Name Estelle Macdonald Role CEO Relationship Friend
Claire Mudd Head Teacher Relationship Friend

Governor or Trustee of any other schools / academies YES / NO (delete as appropriate) is YES please state overleaf

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I certify that I do not have any interests to declare.

Signed Chris Huscroft Date 30/11/17

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If you are a governor or trustee of any other schools and/or academies, please provide details below:

Name of school/academy: Swanland Education Trust
Position held: CEO
Date appointed/elected to post: 22/06/11
Date of termination to post: _____

Register of Pecuniary Business and Personal Interests

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HCAIT - Register of Business Interests

School Wansbeck Primary

Name of Governor/Member of staff Elizabeth Luk

Position Chair of Governors

YES NO YES NO YES NO

Nature of involvement in procurement: Arrange contracts Approve orders Certify invoices

Name of Business	Nature of Business	Nature of interest	Date of Appointment/ Acquisition of Interest	Date of Cessation of Interest	Date of Entry	Signature

*I certify I have declared all interests which I or any member of my family (including partners) have with businesses or other organisations which may have dealings with the school.

*I certify that I do not have any interests to declare.

Year	Signed	Date
2016/2017	<u>E Luk</u>	<u>10/12/2016</u>
2017/2018	_____	_____
2018/2019	_____	_____

* Delete as appropriate

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Name: _____ Role: Trust Member Director Governor Member of Staff (Circle as appropriate)

Gail Simpson

Yes No

No

No

No Yes No

Name of involvement in procurement:

Arrange Contracts

Approve Orders

Certify Invoices

Raise Orders

(Please as appropriate)

Name of Business	Nature of Business	Nature of Interest	Date of Appointment/ Acquisition of Interest	Date of Cessation of Interest	Signature

Are you related / personal friends to any member of the staff or governing body of Hull Collaborative Academy Trust (this includes all the schools within the trust)?
 YES / NO (delete as appropriate)

If YES please state Name _____ Role _____ Relationship _____

Governor or Trustee of any other schools / academies YES / NO (delete as appropriate) is YES please state overleaf

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I certify that I do not have any interests to declare.

Signed

Date

Gail Simpson

21/11/17

If you are a governor or trustee of any other schools and/or academies, please provide details below:

Name of school/academy:	
Position held:	
Date appointed/elected to post:	
Date of termination to post:	

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Name: JON SIMPSON Role: Trust Member Director Governor Member of Staff (Circle as appropriate)

Name of involvement in procurement: (Please ✓ as appropriate) Arrange Contracts Yes No Approve Orders Yes No Certify Invoices Yes No Raise Orders Yes No

Name of Business	Nature of Business	Nature of Interest	Date of Appointment/ Acquisition of Interest	Date of Cessation of Interest	Signature
PUBLIC SERVICE AT HARTLEY LN	DIRECTOR	OWNER	JUNE 2007	LIVE	<i>[Signature]</i>
ABDAN	TRUSTEE		2008	LIVE	<i>[Signature]</i>

Are you related / personal friends to any member of the staff or governing body of Hull Collaborative Academy Trust (this includes all the schools within the trust)?
 YES NO (delete as appropriate)

If YES please state Name _____ Role _____ Relationship _____

Governor or Trustee of any other schools / academies YES / NO (delete as appropriate) is YES please state overleaf

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I certify that I do not have any interests to declare.

Signed *[Signature]* Date 16/11/17

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member

If you are a governor/trustee of any other schools and/or academies, please provide details below:

Name of school/academy: Hanson (Hull) MAT
Position held: Member
Date appointed/elected to post: 2016
Date of termination to post: NIL

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Name: Kate Hindson Role: Trust Member Director Governor Member of Staff (Circle as appropriate)

Name of involvement in procurement: (Please ✓ as appropriate)

Arrange Contracts: Yes No Approve Orders: Yes No Certify Invoices: Yes No Raise Orders: Yes No

Name of Business	Nature of Business	Nature of Interest	Date of Appointment/ Acquisition of Interest	Date of Cessation of Interest	Signature
Kessle Interiors	Interior decoration, interior design, furniture, company premises	Spouse of			

Are you related / personal friends to any member of the staff or governing body of Hull Collaborative Academy Trust (this includes all the schools within the trust)?
 YES/ NO (delete as appropriate)

If YES please state Name Jennifer Hindson Role class teacher Relationship daughter

Governor or Trustee of any other schools / academies YES/ NO (delete as appropriate) is YES please state overleaf

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Signed Camelia Date 4.12.17

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If you are a governor or trustee of any other schools and/or academies, please provide details below:

Name of school/academy: Belford Primary School
Position held: Governor
Date appointed/elected to post: July 2017
Date of termination to post: _____

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Name: LENNIE KEATINGA. Role: Trust Member Director Governor Member of Staff (Circle as appropriate)

Name of involvement in procurement: Arrange Contracts Yes No Approve Orders Yes No Certify Invoices Yes No Raise Orders Yes No
 (Please ✓ as appropriate)

Name of Business	Nature of Business	Nature of Interest	Date of Appointment/ Acquisition of Interest	Date of Cessation of Interest	Signature

Are you related / personal friends to any member of the staff or governing body of Hull Collaborative Academy Trust (this includes all the schools within the trust)?
 YES / ~~NO~~ (delete as appropriate)

If YES please state Name CLAIRE MADD Role HEAD. Relationship PERSONAL FRIEND.
CLAIRE + VETS. TEACHER. WESTHOTT COUSIN.

Governor or Trustee of any other schools / academies ~~YES~~ / NO (delete as appropriate) is YES please state overleaf

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Signed N Keatinga. Date 4.1.18

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If you are a governor or trustee of any other schools and/or academies, please provide details below:

Name of school/academy: _____

Position held: _____

Date appointed/elected to post: _____

Date of termination to post: _____

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