

Disclosure of a Business or Pecuniary Interest

Full Name [Please print]	JONATHAN MARK ROUSE
Position / Post	CHAIR
Name of Academy [if applicable]	

Declaration

1.	Are you a parent academy councillor?	YES / NO
2.	Will you have a child at the Academy during the current academic year?	YES / NO
3.	Are you a Company Director, Partner or Owner of any Business or a Trustee of a charity?	YES / NO
If you have answered YES to question 3 please state name of Business / Charity: SICK! Festival, We Love Manchester Emergency Fund		
4.	Is your spouse, anyone living with you, or any member of your family employed by the Shaw Education Trust?	YES / NO
If you have answered YES to question 4 please state the interest you wish to declare:		
5.	Is there any other interest you wish to declare?	YES / NO YES
If you have answered YES to question 5 please state the interest you wish to declare: I am Chief Officer of Greater Manchester Health & Care Partnership		

Signed: *J Rouse*

Date: 9 / 8 / 18

For Line Management / Chief Executive/Chair of Trustees

Accept – No further action required	Accept – subject to the following actions:	Reject – Please take actions set out below
Actions:		
Name:	Signed:	Date: