

Interests

Name of Member/Trustee/Governor/Officer KIRSTY LEAHUE BARRSBY Board _____

Business Interests

| Name of Business | Nature of Business | Nature of Interest | Date of Appointment or Acquisition | Date of Cessation of interest | Date of entry |
|------------------|--------------------|--------------------|------------------------------------|-------------------------------|---------------|
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I certify that I have declared all beneficial interests which I, or any person closely connected with me, have with businesses or other organisations which may have dealings with the multi-Academy Trust

Personal Interests

| <i>Please give details about any other educational establishments you govern (if applicable) with dates</i> | <i>Please give details about your relationships with any MAT staff member, ie relatives/spouse and relevant dates.</i> |
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Record of Reviews

(Clerk must distribute this form to the respective governor for amendment as necessary and signature annually)

| Date | Governor/Trustee signature | | | | | | |
|---------|----------------------------|--|--|--|--|--|--|
| 29/3/21 | K. Leahue Barrsby | | | | | | |

- Governors/Trustees are reminded that completion of this form does not remove the requirement upon them to disclose orally any interest at any specific meeting and to leave the meeting for that agenda item.
- Nil returns are required where appropriate