

**Business Interests** 

Name of Member/Trustee/Governor/Officer \_\_\_\_\_

## Register of Interests

CUNN

Name of Business	Nature	e of Business	Nature of Interest	Date of Appointment or Acquisition	Date of Cessation of interest	Date of entry		
ertify that I have o	declared all be	neficial interest	s which I, or any person c	losely connected with me, h	ave with businesses or o	other organisations which		
ay have dealings v	vith the multi-	Academy Trust						
ersonal Interests								
overn (if applicab	ase give details about any other educational establishments you vern (if applicable) with dates				Please give details about your <b>relationships with any MAT staff member</b> , ie relatives/spouse and relevant dates.			
GOATULAND	PRIMARY	7 300,000						
ecord of Reviews								
ecord of Reviews lerk must distribut	e this form to	the respective g	governor for amendment	as necessary and signature	annually)			
ecord of Reviews lerk must distribut Date	e this form to			as necessary and signature and Date Date		Date Date		
ecord of Reviews Elerk must distribut Date Governor/Trustee signature	Date 18.9.24	the respective g	governor for amendment Date Date		Date			

Board TRUSTEES