

Register of Interests

Name of Member/Trustee/Governor/Officer SHARON GREGORY Board TRUST

Business Interests

Name of Business	Nature of Business	Nature of Interest	Date of Appointment or Acquisition	Date of Cessation of interest	Date of entry
	None				

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

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

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

Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Governor/Trustee signature	18.9.24								

- 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