

**Pro-forma Register of Interests - CARE HOME**  
 Name of Governor .....

**BUSINESS INTERESTS**

Name of Business	Nature of Business	Nature of Interest	Date of Appointment or Acquisition	Date of Cessation of Interest	Date of Entry
		NIL			

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 school.

**PERSONAL INTERESTS**

Please give details about any other educational establishment you govern (if applicable) with dates

NIL	NIL
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**RECORD OF REVIEWS**

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

Date	11.05.15	01.10.15	05.10.16	02.10.2017					
Governor's Signature	<i>Charles H. D.</i>	<i>Charles H. D.</i>	<i>Charles H. D.</i>	<i>Charles H. D.</i>					

- Governors 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.