I declare that I am not disqualified from serving as a Trustee and that:

• I am aged 18 or over at the date of this election or appointment.

• I am not liable to be detained under the mental health act 1983.

• I am not bankrupt or subject to a disqualification order under the Company Director’s Disqualification Act 1986 or to an order made under section 429(b) of the Insolvency Act 1986

• I have not been removed from the office of a charity trustee or trustee for a charity by an order by the Charity Commissioners or the High Court on the grounds of any misconduct or mismanagement or, under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990, from being concerned in the management or control of any body.

• I am not included in the list (Barred List) of teachers and workers with children or young persons whose employment is prohibited or restricted.

• I am not disqualified from being the proprietor of an independent school or from being a teacher or other employee in any school.

• I am not disqualified from working with children.

* I have not in the last five years received a sentence of imprisonment, suspended or otherwise, for a period of not less than three months without the option of a fine.

• I have not in the last twenty years been convicted of any offence and had passed on me a sentence of imprisonment of not less than two and a half years.

• I have not at any time had passed on me a sentence of imprisonment of not less than five years.

• I have not in the last five years, been fined for causing a nuisance or disturbance on education premises.

• I am not subject to a disqualification order under the Criminal Justice and Court Services Act 2000.

**I agree to provide proof of identity to the school in the form of an original passport, driving licence or birth certificate from which a copy will be taken for our records.**

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| I have read the above statements and certify that the declarations given are true and accurate and I have disclosed any and all information that may have a bearing on my appointment. I understand that any appointment is subject to an Enhanced DBS Check and further due diligence may be required. | |
| **Signed:** | **Name:** |
| **Date:** |  |