**Disclosure of Interest**

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| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Home Address** |  |
| **Telephone (home)**  **Telephone (work)**  **Mobile**  **E-mail Address** |  |
| **Occupation and Employer’s Name & Address** |  |
| **Membership of other Associations**  **/Co-ops** |  |
| **Position of Public Responsibility** |  |
| **Are you related to or do you have a relationship with a member of staff/contractor/ consultant providing services to the Association which could be perceived as a conflict of interest or provide undue influence?** |  |
| **Have you ever been disqualified from acting as a Committee Member/ Trustee with any other organisation?**  **(If yes please detail)** |  |
| **Do you have any financial interests relating to WSHA or Willowacre Trust**  **(If yes please detail)** |  |
| **Signed:**  **Date:** |  |