

Declaration of Eligibility & Privacy Consent Form

Title: _____ First Name: _____ Surname: _____

Address: _____

Postcode: _____

Contact Number: _____ Email: _____

1. Appointment Details

Position Held:

Member
Trustee
Local Advisory Council Member
Local Governor
Principal / Head of School / CEO

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

(Please check as appropriate)

Academy / Trust: _____

2. Declaration

In accordance with the Academy Articles of Association, Qualifications and Disqualifications of positions held within the Trust.

I declare that:

- I am aged 18 or over at the date on this form;
- I am not disqualified on grounds of non-attendance at meetings of the Trust;
- I have not been declared bankrupt or the subject of a bankruptcy restrictions order or an interim order;
- I am not subject to a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or to an order made under section 429(2)(b) of the Insolvency Act 1986;
- I have not been disqualified from acting as a Trustee by virtue of section 178 of the Charities Act 2011 (or any statutory re-enactment or modification of that provision);

- **I have not** been removed from the office of Charity Trustee or Trustee for a Charity by an order made by the Charity Commission or the High Court on the grounds of any misconduct or mismanagement in the administration of the Charity;
- **I have not** been convicted of any criminal offence, excluding any that have been spent under the Rehabilitation of Offenders Act 1974, as amended, and excluding any offence for which the maximum sentence is a fine or a lesser sentence except being convicted of any offence which falls under section 178 of the Charities Act 2011;
- **I agree**, that my appointment or election is subject to an enhanced criminal record Disclosure and Barring Service (DBS) and Section 128 check.
- **I agree**, that the information I have supplied in this form will be held by the Governance Services Team at Bolton Council in accordance with their Privacy Notice. A copy of this may be viewed via the following link:

<https://www.bolton.gov.uk/data-protection-freedom-information/privacy-notices/1>

Signed: _____ **Date:** _____

After completion please return this form either:

- **to your Clerk at the meeting**
- **scan and email to:** governance.services@bolton.gov.uk
- **or, post to:**

Governance Services Team
Department of Children's Services
Inclusive Education and Learning Centre
Smithills Dean Road
BL1 6JT

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