**WORCESTER DIOCESE ANNUAL RETURN**

**FOR BOARDS OF MULTI ACADEMY TRUSTS AND STANDALONE ACADEMIES**

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| Worcester Diocesan Academies Trust (WDAT) values the generous contribution made by all Members and Trustees. As the appointing body for Foundation Governor representation, WDAT require up-to-date information to enable effective communication and an in-depth knowledge of each of our Diocesan academies **and** the MATs within which they sit. This short ‘Annual Return’ form helps us to achieve this. Clerks to Trusts are asked to complete and return this form on an annual basis, however, the return of an updated form would be appreciated each time there is a change to the Members / Trustees. Please also include vacancies. The form should be **typed** (adding extra rows if necessary) and returned, by email, to education@cofe-worcester.org.uk. Many thanks in advance.  |

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| **Name of Trust** |  |
| **Date** |  |

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| **Trust Mission Statement** |
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| **Please enclose a copy of your latest scheme of delegation.** |

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| **List of all academies within the Trust (Church and community)** |
| **1** |  |
| **2** |  |
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| **Data Protection**The names provided on this form will be held on a computerised Governor Information database maintained by the Worcester Diocesan Education Team. The names of Chairs and Clerks will also be held on the Diocese of Worcester Contact Directory, for information only. The email addresses and telephone numbers provided for the Chair of Trust, Clerk to Trust, Members and Trustees will not be shared externally to the office; contact details for the Chair will only be used where unavoidable. We ask that Chairs, Clerks, Members and Trustees please complete the data consent box below. Your data will be used in accordance with the principles set out in the Data Protection Act 1998, which protects the right to privacy of individuals whose personal details are held by the data controller. |

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| **Member Name** | **Category / Appointed by (e.g. DBE, WDAT)** | **Email address** | **Tel. Number** | **Please sign to consent to the storage of your contact details** |
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|  | **Name** | **Email address** | **Tel. Number** | **Please sign to consent to the storage of your contact details** |
| **Chair of Trust** |  |  |  |  |
| **Clerk to Trust** |  |  |  |  |

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| **Trustee Name** | **Category / Appointed by (e.g. DBE, WDAT)** | **Specific Responsibilities / Sub Cttees (e.g. Safeguarding, Training, etc.)** | **Date term of office ends** | **Email address** | **Please sign to consent to the storage of your contact details** |
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| **We declare that the details above are accurate (an electronic signature will suffice).** |
| **Chair / Clerk** |  |