Confirmation of Authorised Signatures

If you require more than 3 authorised signatories please photocopy this form before completion.

|  |  |
| --- | --- |
| School Name: |  |
| Headteacher: |  |

Chair of Governors

|  |  |
| --- | --- |
| Please print name: |  |
| Email address: |  |
| Telephone: |  |
| Signature: |  |

HR Authorised Signatory

|  |  |
| --- | --- |
| Please print name: |  |
| Email address: |  |
| Telephone: |  |
| Signature: |  |

DBS Authorised Signatory

|  |  |
| --- | --- |
| Please print name: |  |
| Email address: |  |
| Telephone: |  |
| Signature: |  |

Payroll Authorised Signatory

|  |  |
| --- | --- |
| Please print name: |  |
| Email address: |  |
| Telephone: |  |
| Signature: |  |

We authorise the above signatories to instruct EPM personnel to carry out HR and payroll changes and certify DBS applications.

|  |  |
| --- | --- |
| Headteacher Signature: |  |
| Date: |  |