



Cyngor Cymuned Clydach
Clydach Community Council
Forge Fach Community Resource Centre
Hebron Road, Clydach. SA6 5EJ
01792845566
Email clerk@clydach.wales

DECLARATION OF INTEREST FORM

This form is to be completed by all Clydach Community Councillors upon taking office and updated annually or whenever there is a change in their interests.

Section 1: Personal Details

Name: Maria Farr

Address: 16 Pen-y-dre Road

Clydach, Swansea SA6 5EJ

Email: maria.farr@clydach.wales

Telephone: 01792 530335

Date of Election/Co-option: 18/2/26

Section 2: Employment, Office, Trade, Profession or Vocation Please provide details of any employment, office, trade, profession, or vocation carried out for profit or gain.

Employer/Business Name: Forge Fach Day Nursery

Position Held: Nursery Nurse

Nature of Business: Nursery

Section 3: Sponsorship Has any person or body (other than the Community Council) made payments or provided financial assistance towards your election expenses or in connection with your role as a councillor? If yes, please provide details:

Section 4: Contracts Do you, your spouse, partner, or any close family member have any contracts with Clydach Community Council?

☒ No ☐ Yes (Please provide details below) Details:

Section 5: Land and Property Do you have any beneficial interest in land or property within the Clydach Community area? (e.g., ownership, lease, tenancy)

☒ No ☐ Yes (Please provide details below) Details:

Section 6: Licences Do you hold any licence (alone or jointly) to occupy land in Clydach for 28 days or longer?

☒ No ☐ Yes (Please provide details below) Details:

Section 7: Corporate Tenancies Do you, your spouse, partner, or any close family member hold any corporate tenancies with the Community Council?

☒ No ☐ Yes (Please provide details below) Details:

Section 8: Securities Do you have a beneficial interest in any corporate body or business operating in the Clydach Community area where you hold securities with a nominal value of more than £25,000 or 1% of the total issued share capital?

☐ No ☐ Yes (Please provide details below) Details:

Section 9: Membership of Other Bodies Do you hold membership in any external bodies (e.g., charities, political parties, public bodies, or associations) that could influence your role as a councillor?

☒ No ☐ Yes (Please provide details below) Details:

Declaration I, the undersigned, declare that the information provided in this form is complete and accurate to the best of my knowledge. I understand that it is my responsibility to update this declaration as necessary.

Signed: M. Z. Farr

Date: 19/3/26

Witnessed by: M. Chapman

Position: Clerk

Date: 19/3/26

For Office Use Only

Received by: _____

Date: 19/3/26

This document will be held in accordance with data protection regulations and made available for public inspection as required by law.