**DECLARATION OF INTERESTS**

|  |  |  |
| --- | --- | --- |
| **Full name:** |  | |
| **Home Address** *(this will not be disclosed on the register)* |  | |
| **Job title:** |  | |
| **Consultancies and/or direct employment:**  Any paid consultancy, employment, partnership, directorship or position in (or for) any organisation (particularly health or social care service providers) either directly or indirectly related to the work of the Trust or the NHS generally. Please estimate and state the amount of time (in hours or days) committed to any interests declared. | |  |
| **Fee-paid work**  Any commissioned or fee-paid work for any organisation (particularly health or social care service providers) either directly or indirectly related to the work of the Trust or the NHS generally. Please estimate and state the amount of time (in hours or days) committed to any interests declared. | |  |
| **Shareholdings**  Any shareholdings or other financial or beneficial interests in a private company or body that may give rise to a conflict of interest. | |  |
| **Fellowships / trusteeships & membership of voluntary bodies:**  Any other outside interests which may be relevant to your role as a member of staff to the Trust, e.g. un-remunerated posts, honorary positions and other connections, which may give rise to a conflict of interest or of trust. | |  |
| **Health or social care campaigning**  Any affiliation to health or social care-related campaigning organisations or special interest groups | |  |
| **Any other personal interests not covered above** | |  |
| **Non-personal interests:**  Any relevant and known interests held by your spouse, a close family member, or a member of your household, which may provide a conflict of interest with your position within the Trust, including the interests described above | |  |

(A nil entry is required for each item where necessary)

By signing this declaration I state that the information provided is a full, accurate and complete list of all my interests that requires my declaration to the Trust. I am aware that any changes in my circumstances must be notified to the Group Company Secretary as soon as that change occurs.

I will provide the Trust with further details of any interest listed if so requested.

I am aware that this information will be published by the Trust and that this information may also be disclosed as required under Freedom of Information Act legislation.

I am also aware that any Hospitality received / offered must be notified to the Group Company Secretary on the appropriate declaration form as soon as practicably possible.

Signed …………………………………………………. Date ...…………………………..……….

Line Manager Review

I have reviewed the matters declared and confirm I see these give no rise to any conflict of interest OR where they could give rise I have taken the following steps to manage that interest *(for example but not limited too ensured that the person is not involved in the awarding of any contracts or reviewing the contractors performance or indeed in making any payments to the contractors)*

List of action taken if relevant

Line Manager name ……………………………..…… Signature ……………………………..…

Date:………………………….

Once completed, please return this form to the Company Secretary

glen.palethorpe1@nhs.net