**DECLARATION OF INTERESTS FORM**

*Please refer to the Standards of Business Conduct Policy for guidance on completing this form*

*(See Appendix H of Policy for examples of interests)*

**Please print and complete form as per below:**

This form should be completed by:

* + all new Staff (please submit a NIL declaration if there are no interests to declare)
  + Existing staff with an interest that has not been previously declared
  + Board members need to supply an annual declaration. They are also required to submit a NIL declaration if there are no interests to declare.

**Nature and details of your interest(s)**

|  |  |
| --- | --- |
| **Directorships. State type of business, trading name and address of business** |  |
| **Ownership or part-ownership of private companies, businesses or consultancies** |  |
| **Shareholdings in excess of 1%. State type of business, trading name and address of business** |  |
| **Position of authority in a charity or voluntary body. State name and type of charity/body and position held** |  |
| **Connections with a voluntary or other organisation contracting for or commissioning NHS services** |  |
| **Membership of professional bodies or mutual support organisations, including political parties;** |  |
| **Connections with an organisation or Company entering into, or having entered into a financial arrangement with the Trust** |  |
| **Any of the above interests held by a relative (as per 11.4 of the policy), personal friend or associate** |  |
| **Any other significant financial interests. E.g. loans other than mortgages over £100,000. State lender’s name only not the loan amount** |  |
| **Outside/additional employment/self-employment** | **Employer:**  **Post:**  **Date employment began:**  **Hours worked:** |
| **Any other interests not covered by the above** |  |

**DECLARATION BY STAFF:**

* *I have read the Trust’s Standards of Business Conduct Policy and confirm that the information above is complete and accurate.*
* *I have shown my declaration form to my Line Manager and I acknowledge that any changes in these declarations must be notified to my Line Manager and the Trust Secretary as soon as they occur.*

SIGNED (person making declaration)………………………………………DATE………………….

NAME (in CAPITALS)………………………………………………………..………………………….

JOB TITLE/ROLE……………………………………………………………………………………….

DIRECTORATE AND LOCATION……………………..………………………………………………

**LINE MANAGER/SERVICE DIRECTOR** *(Approval of additional/outside employment to be given by Service Director)***:**

*I have reviewed the declaration of interest(s) notified above.*

* *\*I do not believe there is a conflict or potential for a conflict / \*I believe there is a conflict or potential for a conflict* ***(\*Please delete as applicable)***
* *If any action is deemed necessary as a result of the declaration, please provide details below:*

………………………………………………………………………………………………………………………..……………………………………………………………….…………

………………………….………………………………………………………………………………..... ………………………………………………………………………………

SIGNED ………………………………………DATE………………….

NAME (in CAPITALS)………………………………………………………..………………………….

JOB TITLE/ROLE……………………………………………………………………………………….

DIRECTORATE AND LOCATION……………………..………………………………………………

**Completed form to be returned to Trust Secretary, Trust HQ, 9 Alie Street, London, E1 8DE or via email: cathy.lilley@nhs.uk**