|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Declaration of Interests Form** | | | | | |
| **Name** | **Role** | **Description of Interest** | **Relevant Dates** |  | **Comments** |
|  |  |  | **From** | **To** |  |
| *Mr John Smith* | *Senior Policy Manager, Commissioning Directorate, Organisation A* | *Hospitality received - £95 from Organisation Z to pay for travel to speak at conference on Managing Conflicts of Interest on 21/12/16* | *21/12/2016* | *21/12/2016* | *Approval to attend event and accept hospitality given by Mary Baker, Head of Unit*  *If there is nothing to declare, please state ‘nil declaration’.* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| *Please see below for information on how to populate the above boxes* | | | | | |
|  | | | | | |
| The information submitted will be held by Rotherham Doncaster and South Humber NHS Foundation Trust (The Trust) for personnel or other reasons specified on this form and to comply with the Trust’s policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018 (including General Data Protection Regulations (GDPR) May 2018). Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the Trust holds.  I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to The Trust as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, internal disciplinary or professional regulatory action may result. | | | | | |
| I **do / do not** **[delete as applicable]** give my consent for this information to published on registers that **the Trust** holds. | | | | | |
| If consent is NOT given please give reasons: | | | | | |
|  | | | | | |
| **Signed:** |  | |  | **Date:** |  |
| Please return this form to **Director of Corporate Assurance/Board Secretary, RDaSH, Woodfield House, Tickhill Road Site, Balby, Doncaster, South Yorkshire, DN4 8QN /** or email **rdash.doi@nhs.net** | | | | | |
| **GUIDANCE NOTES FOR COMPLETION OF SPECIMEN INTERESTS DECLARATION FORM** | | | |  |  |
|  |  |  |  |  |  |
| **Name and Role:** | Insert your name and your position/role in relation to the Organisation you are making the return to | | | | |
|  |  |  |  |  |  |
| **1) No interest to Declare** | *If there is nothing to declare, please state ‘nil declaration’.* | | | | |
|  |  |  |  |  |  |
| **2) Description of Interest:** | *Provide a description of the interest that is being declared. This should contain enough information to be meaningful (e.g. detailing the supplier of any gifts, hospitality, sponsorship, etc.). That is, the information provided should enable a reasonable person with no prior knowledge should be able to read this and understand the nature of the interest.* | | | | |
|  |  |  |  |  |  |
|  | Types of interest: |  |  |  |  |
|  | * ***Financial interests*** *- This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making* | | | | |
|  | * ***Non-financial professional interests -*** *This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career* | | | | |
|  | * ***Non-financial personal interests -*** *This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career* | | | | |
|  | * ***Indirect interests -*** *This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making* | | | | |
|  | * A benefit may arise from both a gain or an avoidance of a loss. | | |  |  |
|  |  |  |  |  |  |
| **Relevant Dates:** | *Detail here when the interest arose and, if relevant, when it ceased* | | |  |  |
|  |  |  |  |  |  |
| **Comments:** | *This field should detail any action taken to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt a certain course of action* | | | | |