

Appendix 1 – Declarations of Interest Form



**DECLARATION OF INTERESTS FORM
FOR BOARD MEMBERS AND EMPLOYEES**

Full Name: (Please Print)	
Contact Address:	
Tel No:	
Position Held in Health Board:	
<p>In accordance with the following:</p> <ul style="list-style-type: none">• Code of Conduct and Accountability,• Health Boards Standards of Behaviour Framework Policy.• Standing Orders and Standing Financial Instructions <p>and</p> <ul style="list-style-type: none">• 'International Accounting Standard (IAS) 24- Related Party Disclosures. <p>I list below my relevant interests and those of my close family/friends for inclusion in the Register of Interests.</p> <p>In accordance with the terms of IAS 24 referred to above please consider the following when considering interests that may need to be declared:</p> <ul style="list-style-type: none">• any pecuniary interests e.g. company shares, any employment or trade carried out for profit or gain• any control or joint control / authority over a reporting entity;• any significant influence / authority over a reporting entity; <p>or</p> <ul style="list-style-type: none">• any membership of key management <p>If in doubt, declare!</p> <p>Proceed to Section f) if you have 'Nil Interests' to declare.</p>	

Declaration	Nature of Relationship	Period of Involvement	Financial Transactions or Benefits in Kind
<p>a) DIRECTORSHIPS or OTHER POSITIONS OF AUTHORITY For example: Public or private appointments, employment or consultancies. Company directorship's in private or limited companies Director, Chairman, Trustee etc. in a charity or voluntary body in the field of health and social care.</p>	Personal:		
	Spouse/Partner or other Close Family and/or Friend		
<p>b) INTEREST IN COMPANIES AND SECURITIES Substantial interest is ownership or part ownership, more than 1/100th (i.e. share) of private companies, businesses or consultancies</p>	Personal:		
	Spouse/Partner or other Close Family and/or Friend		
<p>c) PERSONAL OR DEPARTMENTAL SPONSORSHIP a personal or departmental interest in any part of the pharmaceutical industry or Sponsorship or funding from a known NHS supplier or associated company/subsidiary, e.g. funding research, staff or equipment</p>	Personal:		
	Spouse/Partner or other Close Family and/or Friend		

<p>d) ANY OTHER INTEREST that could create a potential opportunity for conflicting interest, for example:</p> <ul style="list-style-type: none"> • Any other connection with a voluntary, statutory, charitable or private body • Other Positions of Influence • Positions of political influence/interest/involvement • Academic Titles and Contracts (including holding an honorary contract or title with a Higher Education Institute or College – Please include details of the Academic Institution and the field i.e. Research, Innovation, Education etc. 	Personal:		
	Spouse/Partner or other Close Family and/or Friend		

DECLARATION:

I understand:

- That the information submitted will be held by the Health Board for personnel or other reasons specified below to comply with the Health Board Policies and Procedures.
- This information may be held in both manual and electronic form in accordance with relevant legislation.
- Information may be disclosed to third parties in line with the Freedom of Information Act, and published in registers that the Health Board holds and makes available in the public domain.
- This information will be available in its entirety for public inspection.
- That copies of my declaration form will be shared with relevant functions to support year-end reporting e.g. Finance and Procurement.
- I understand that declarations will be published unless there are exceptional circumstances as to why they should not be – please see box below.

I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.

I undertake to notify the Health Board of any changes, which may occur within four weeks from the date of the change.

I declare that the information given on this form is true and complete to the best of my knowledge. I understand that action may be taken against me if I make a false statement.

By ticking this box I understand that I am indicating that I consider that there are exceptional circumstances as to why my declaration should not be published.

PLEASE NOTE: if you have ticked the above box, the Corporate Governance Function will make contact to establish if you have reasonable grounds for your declaration to be excluded on registers that the Health Board holds and publishes.

e) I confirm a NIL declaration

Signed:

Date:

f) I confirm that the list accurately reflects my interests and those of my close family and understand that these declarations will be included in the register available *public inspection*

Signed:	Date:
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COMPLETION BY LINE MANAGER

g) Authorisation Section

Having considered the activity declared on this form is there any action required to manage any potential conflicts of Interest? Please indicate with a (X) in the relevant box.	Yes <i>If yes, please outline in the 'Management Action' box below the steps and action that will be taken to manage any potential conflict</i>		No	
If a conflict has been identified have you sought advice from the Director of Corporate Governance for advice on how to manage and report the conflict? Please indicate with a (X) in the relevant box.	Yes		Not Applicable	

Management Action Agreed:
(if not applicable please indicate this by writing N/A in the box below)

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By signing below you are confirming that you have:

- Considered the activity Declared on this form.
- Identified if there are any potential conflict of interest
- If a declaration of interest is perceived, considered the management action required to manage the conflict, sought advice from the Director of Corporate Governance and;
- Communicated the action required to the individual declaring the interest

Print Name:	
Designation:	
Signature:	
Date:	

Please return the completed form (signed by the member of staff and their line manager) to the Corporate Governance Team at Cwm Taf Morgannwg University Health Board Headquarters, Ynysmeurig House, Unit 3 Navigation Park, Abercynon, Rhondda Cynon Taf CF45 4SN or via email to CTM_Corporate_Governance@wales.nhs.uk