



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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 and• '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; or• 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
a) DIRECTORSHIPS	Personal:		



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Public or private appointments, employment or consultancies. Company directorship's in private or limited companies			
	Spouse/Partner or other Close Family and/or Friend		
b) INTEREST IN COMPANIES AND SECURITIES Substantial interest is ownership or part ownership, more than 1/100 th (i.e. share) of private companies, businesses or consultancies	Personal:		
	Spouse/Partner or other Close Family and/or Friend		
Declaration	Nature of Relationship	Period of Involvement	Financial Transactions or Benefits in Kind
c) OTHER POSITIONS OF AUTHORITY (Not included in a.) A position of authority (i.e. Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care	Personal:		
	Spouse/Partner or other Close Family and/or Friend		



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d) 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. Baxter funding research, staff or equipment	Personal:		
	Spouse/Partner or other Close Family and/or Friend		
e) ANY OTHER INTEREST Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Personal:		
	Spouse/Partner or other Close Family and/or Friend		
<p>I undertake to notify the Health Board of any changes which may occur within four weeks from the date of the change.</p> <p>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. I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.</p> <p>I understand this information will be available for public inspection.</p> <p>I understand that copies of my declaration form will be shared with relevant functions to support year end reporting e.g. Finance and Procurement.</p> <p>I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.</p>			



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f) I confirm a NIL declaration

Signed:

Date:

g) 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:

COMPLETION BY LINE MANAGER

If you have completed section "g" the form now needs to be sent your line manager to complete section "h"

h) 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

If yes, please outline in the 'Management Action' box below the steps and action that will be taken to manage any potential conflict

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 to Emma Walters, Corporate Governance Officer at Cwm Taf Morgannwg University Health Board Headquarters,
Ynysmeurig House, Unit 3 Navigation Park, Abercynon, Rhondda Cynon Taf CF45 4SN