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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

DECLARATION OF INTERESTS FORM FOR BOARD MEMBERS AND EMPLOYEES

Full Name: (Please Print)	Joe Bloggs
Contact Address:	c/o Cwm Taf Morgannwg Health Board, Ynysmeurig House
Tel No:	000000
Position Held in Health Board	Independent Member

In accordance with the following:

- 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

I list below my relevant interests and those of my close family/friends for inclusion in the Register of Interests.

In accordance with the terms of IAS 24 referred to above please consider the following when considering interests that may need to be declared:

- 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

If in doubt, declare!

Proceed to Section f) if you have 'Nil Interests' to declare.



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Declaration	Nature of Relationship	Period of Involvement	Financial Transactions or Benefits in Kind
a) DIRECTORSHIPS Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	Personal:		
	Director Joe Bloggs Crafts Ltd	Since 2004	Remunerated 10% Shareholder.
	Spouse/Partner or other Close Family and/or Friend		
	Spouse is the Co-Director Joe Bloggs Crafts Ltd	Since 2006	Remunerated Benefits in kind: – Company Car.
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:		
	Nil		
	Spouse/Partner or other Close Family and/or Friend		
	Nil		



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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:		
	Trustee of Joe Bloggs Charity	Since 2008	No financial Transactions or benefits in kind.
	Spouse/Partner or other Close Family and/or Friend		
	Daughter is the Chair of the Joe Bloggs Charity	Since 2008	No financial Transactions or benefits in kind.
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:		
	Pharmaceuticals sponsored research	2019-2021	£500 sponsorship to department
	Spouse/Partner or other Close Family and/or Friend		
	Nil		
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:		
	Nil		
	Spouse/Partner or other Close Family and/or Friend		
	Nil		



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

I understand this information will be available for public inspection.

I understand that copies of my declaration form will be shared with relevant functions to support year end reporting e.g. Finance and Procurement.

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

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:

Joe Bloggs

Date: 1.5.2020

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



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<p>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.</p>	<p>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></p>		<p>No</p>	<p>X</p>
<p>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.</p>	<p>Yes</p>		<p>Not Applicable</p>	<p>X</p>
<p>Management Action Agreed: <i>(if not applicable please indicate this by writing N/A in the box below)</i></p>				
<p style="color: red;">I do not consider that the activity declared presents a conflict to the Health Board. I have reiterated the need to ensure any changes are declared promptly so that the position can be reviewed as appropriate.</p> <p style="color: red;">I have clarified the sponsorship from Roche and I am comfortable that this arrangement is being managed in accordance with the Health Boards Standard of Behaviour Framework Policy. The individual will refrain from any procurement decisions that may arise with Pharmaceutical Products.</p>				
<p>By signing below you are confirming that you have:</p> <ul style="list-style-type: none"> • 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 				
<p>Print Name:</p>	<p style="color: red;">Cally Hamblyn</p>			
<p>Designation:</p>	<p style="color: red;">Assistant Director of Governance & Risk</p>			
<p>Signature:</p>	<p style="color: red;"><i>Cally Hamblyn</i></p>			



DECLARATION OF INTERESTS FORM FOR BOARD MEMBERS AND EMPLOYEES

Date:	4.5.2020
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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