DECLARATION OF INTERESTS FORM

Please print and complete form as per below:
This form should be completed by:
- all new Staff
- existing staff who hold a 'relevant and material' interest or who consider that their personal interests could constitute a significant conflict of interest.
- For a specific group of staff as per 3.2 of this policy, an annual declaration will be requested.

DECLARATION
I have read and understood the Declarations of Interest and Potential Conflicts of Interests Policy. I understand that failure to abide by this Policy will render me liable for disciplinary action, including termination of employment and investigation by the LCFS that may lead to criminal proceedings being commenced.

Please cross out the section which does not apply to you:

1. I do not have any known Conflict of Interest between private interest and my position as an employee of the Chelsea and Westminster Hospital NHS Foundation Trust

2a. I do have a declared Conflict of Interest between my private interest and my position as an employee of the Chelsea and Westminster Hospital NHS Foundation Trust (please complete section 2b. on the next page with details of the nature of your interests)

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

DATE: ……………………………………………………………………………………………

NAME (in CAPITALS): …………………………………………………………………………

JOB TITLE: ………………………………………………………………………………………

STAFF GROUP (e.g. medical, nursing): ……………………………………………………

DEPARTMENT/DIRECTORATE: ……………………………………………………………
## Section 2b: Nature and detail of your interest

1. **Directorships held in private companies, Public Limited Companies or Limited Liability Partnerships**

2. **Ownership or part-ownership of private companies, businesses or consultancies**

3. **Majority or controlling shareholdings**

4. **Position of authority in a charity or voluntary body**

5. **Connections with a voluntary or other organisation contracting for or commissioning NHS services**

6. **Connections with an organisation or Company entering into, or having entered into a financial arrangement with the Trust**

7. **Any of the above interests held by a spouse, partner, close relative, other close associates or personal friends**

8. **Additional Employment**
   - There should be no conflict of interest between your duties and any other job. If you have another job and there is a perceived conflict of interest, you must still declare it.

   **Employer:**  
   **Post:**  
   **Date employment began:**  
   **Hours worked:**

9. **Any other relevant interests**

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**SIGNED (person making declaration):** ..................................................

**NAME (IN CAPITALS):** .................................................................

**DATE:** ..........................................................................................

Thank you for completing this form.

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**FOR HR USE ONLY:**

Forward completed and signed form to: Board Governance Manager at declarations@chelwest.nhs.uk

Registered:  

Date............................................