

Dear candidate,

Please complete and return these forms.

1. SCHEME OF DELEGATION DECLARATION FORM
2. DECLARATION OF INTERESTS FORM
3. CONFIDENTIALITY CODE OF CONDUCT DECLARATION FORM

Kind regards

Recruitment Team

## Scheme of Delegation Declaration Form

### What is the Scheme of Delegation?

The Board of Directors retain absolute authority for the business conduct of the Trust. However, it is necessary to establish a system of delegated powers (referred to as the Scheme of Delegation), to enable appropriate staff within the Trust to manage the day to day financial activities of the organisation, for example, appointment of staff or signing of supplies contracts. It is the responsibility of **every** member staff to ensure they have read the Scheme of Delegation and are fully aware of the responsibilities which have been delegated to their role.

### What must I do?

Each new member of staff receives the Scheme of Delegation and a Declaration Form electronically from HR as part of their starter pack. You must read the Scheme of Delegation to ensure you are aware of the powers delegated to your post. You should also understand which roles have been delegated budgetary and other financial powers. This will ensure you follow the correct financial procedures in undertaking your responsibilities. You must then sign and return the Declaration Form to the HR prior to starting your role.

### How often does the Scheme of Delegation change?

Each year the Trust Board approves a revised Scheme of Delegation, incorporating any changes from the previous year, and this is distributed to all staff via the intranet. Any members of staff who have budgetary responsibility are required to confirm they have read the revised scheme of delegation each year.

### What are the consequences of not following the Scheme of Delegation?

The consequences of failure to use your delegated powers appropriately will be followed up through the Trust's disciplinary procedures.

### Declaration

I acknowledge that I have received a copy of the **Scheme of Delegation** for Chelsea and Westminster Hospital NHS Foundation Trust. I have read and understood the powers delegated to my role and agree to use them appropriately. Should any difficulties arise regarding the interpretation or application of the Scheme of Delegation, I will seek the advice of the Director of Finance before I act.

I understand that any misuse of my delegated powers is a serious issue that could lead to my possible dismissal from employment under the Trust's disciplinary procedures or even criminal prosecution.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name (Printed) \_\_\_\_\_

PLEASE COMPLETE AND BRING THIS FORM  
TO YOUR ID CHECK APPOINTMENT

## 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: .....

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## 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	<b>Additional Employment</b> 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	

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

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

**DATE:** .....

Thank you for completing this form.

**FOR HR USE ONLY:**

**Forward completed and signed form to:** Board Governance Manager at [declarations@chelwest.nhs.uk](mailto:declarations@chelwest.nhs.uk)

Registered:

Date.....

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## CONFIDENTIALITY CODE OF CONDUCT DECLARATION FORM

This code applies to all staff, including temporary, honorary, agency, contracted workers, volunteers, students and work experience/observers.

### DECLARATION

I, \_\_\_\_\_ have read the Trust Confidentiality Code of Conduct. I understand, by signing this declaration, that I will comply with its requirements and should I breach this code, I may face disciplinary action and possibly dismissal.

**Signed:** .....

**Employee Name in Capital Letters:** .....

**Department:** .....**Date:** .....

CONFIDENTIALITY CODE OF CONDUCT FOR STAFF	
Formally ratified at the Trust Joint Management and Trade Union Committee Minor text changes approved by Information Governance and Consultative Committees	Date: 12th February 2009 Date: 14 <sup>th</sup> February, 2013
COMMITTEE APPROVAL:	CHAIR'S SIGNATURE:  STAFF SIDE SIGNATURE:
Date of next review: February 2013	

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Signed copy to be returned to Human Resources, Unit 111, Harbour Yard, to place on personal file