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| Declaration of Interests Form**<Insert Name>** | A picture containing drawing, shirt  Description automatically generated |

As a trustee / staff member\* [\*delete as appropriate] of the Company, I have set out below my interests in accordance with the Company’s Conflict of Interest Policy.

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| --- | --- |
| **Category** | **Please give details of the interest and whether it applies to you or where appropriate, a connected person.** |
| Current employment and any previous employment in which I continue to have a financial interest |  |
| Appointments (voluntary or otherwise) e.g.: trusteeships, directorships, local authority, membership, tribunals etc |  |
| Membership of any professional bodies, special interest groups or mutual support organisations |  |
| Investment in companies, partnerships and other forms of business major shareholdings, beneficial interest where these are felt to constitute a potential conflict of interests.  |  |
| Any contractual relationship with the Company |  |
| Ownership of any property that could create a conflict of interest |  |
| Gifts or hospitality offered by external bodies and whether this was declined or accepted in the last twelve months |  |
| Do you use, or care for a user of one or more of the Company’s service(s)? |  |
| Any other people, organizations, companies or institutions with whom you are connected whom you have not already referred to on this form |  |
| Any other conflicts that are not covered above where there could be perceived to be conflicts of interest |  |

To the best of my knowledge, the above information is complete & correct. I undertake to update on an annual basis. I give my consent for it to be used for the purposes described in the Conflicts of Interest Policy and for no other purpose.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in the Company*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_