

**NHS WIGAN BOROUGH CLINICAL COMMISSIONING GROUP**

**DECLARATION OF STAFF AND MEMBER'S INTERESTS**

Name .....

Department .....

Date Appointed .....

In accordance with the Code of Accountability I wish to declare the following interests that fall within the definition contained in section 3 of the CCG's Conflicts of Interest Policy on our website.

A.) Roles and Responsibilities held within member practices

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B.) Directorships, including non-executive directorships, held in private companies or PLCs (with the exception of those dormant companies)

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C.) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG

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D.) Shareholdings (more than 5%) of companies in the field of health and social care

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E.) Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care

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F.) Any connection with a voluntary or other organisation contracting for the NHS services

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G.) Research funding/grants that may be received by me or any organisation I have an interest or role in

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H.) Any other specific interests

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I.) Any other role or relationship which the public could perceive, would impair or otherwise influence my judgement or actions in my role within the CCG whether such interests are mine or of a family member, close friend or other acquaintance

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I have read and understood my obligations as outlined in the Conflicts of Interest Policy. I am signing to confirm that the information provided on this form is true and correct to the best of my knowledge. I consent to the disclosure of this information to the Local Counter Fraud Specialist and/or NHS Protect for verification purposes and for the prevention or detection of crime. I confirm that if any changes to the above declaration occur, it is my responsibility to inform the CCG at the earliest opportunity. Further to this; I will not engage (directly or indirectly via a third party) in any discussion or decision where my private or external interests may affect my ability to act in an open and transparent way; as required by the Standards of Business Conduct (both National and Local), Conflicts of Interest Policy and the CCG's Constitution.

I understand that I have a responsibility at future meetings to declare any of my interests in any specific items on the agenda. This will include any personal or immediate family interest which may impinge or might reasonably be deemed by

others to impinge on my impartiality in any matter of relevant to my duties as a member of the CCG.

I also understand that the above information will be recorded in a formal Register of Interests, a public document, which will be available for inspection upon request by the general public.

I declare that to the best of my knowledge:-

A.) The information above is an accurate description of my “relevant and material” interests as defined in section 3 of the CCG’s Conflicts of Interest Policy on our website.

B.) I will declare any change in my “relevant and material” interests within four weeks of that change occurring.

C.) I have read and understand the requirements, reproduced overleaf, placed on members and staff should a conflict of interest arise on any matter being considered at a Meeting of the Board or one of its Committees.

Signature .....

Date .....

**Upon completion please return this form to Governance Team, Wigan Borough CCG**

[Governance.Team@wiganboroughccg.nhs.uk](mailto:Governance.Team@wiganboroughccg.nhs.uk)