

APPENDIX 4 – DECLARATION OF INTERESTS FORM

Employee's Name:		Employee's Number:	
Job Title:			
Directorate			
Service Area, School or Establishment:			

Type of Declaration	Details		
<p>Relationship:</p> <p>Councillor <input type="checkbox"/></p> <p>Contractor <input type="checkbox"/></p> <p>Employee <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>Name:</p> <p>Post Title:</p> <p>Nature of my relationship to the named person:</p> <p>Details of any potential contact/conflict of interest:</p>		
<p>Personal interest or membership of an organisation, business, professional body or secret society e.g. School Governing Body, voluntary organisation role, involvement in a family business</p>	<p>Description of my interest:</p> <p>Name and location of organisation concerned (if applicable):</p> <p>Effective date:</p> <p>Financial benefit / implication:</p> <p>Details of steps that could be taken to protect the Council's interest:</p>		
<p>Gifts and Hospitality</p>	<p>Was the gift / hospitality to you or to an immediate relative? (if a relative, please give the relative's name and their relationship to you):</p> <p>Description of gift, hospitality or sponsorship:</p> <p>Supplier name / organisation:</p> <p>Date offer made:</p> <p>Approximate value:</p> <p>Accepted / Declined and reason for decision</p>		
Employee's Signature:		Date:	

Completed By Head of Service

Details of any controls/ action taken to protect the Council's interests			
Name of Head of Service:			
Head of Service Signature:		Date:	

Circulation of Completed Form

Original copy retained by Head of Service:	
Date Copy Sent to Employee:	
Date copy emailed to HR Strategy and Development for filing on employees personal file:	
Date Directorate Summary Spreadsheet updated:	

Version: 2
Date Verified: November 2014

