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**EoE Primary Care School**

**Declaration of Interest Form**

This form is intended to help you declare any interests of relevance to the School Board including financial, professional, personal, and indirect interest. For further information, please refer to the related section of Primary Care School Board Terms of Reference

**Name** *(****PRINT****)***:**

**Membership/Directorate/Area of business:**

**Declaration submitted:**

**Please mark with [X] the statement which applies to your declaration:**

|  |  |
| --- | --- |
|  | I have outside interests which require me to submit a completed Declaration of Interest form. |
|  | I have a change to an interest which requires me to submit a completed Declaration of Interest form. |

Please sign below.

If you tick either of the boxes, please remember to read the guidance on page 2, complete the table on page 3.

**Declaration submitted by:**

**Signed:**

**Position:**

**Date:**

**\* Conflict of Interest case**

* **Actual** - there is a material conflict between one or more interests
* **Potential** – there is the possibility of a material conflict between one or more interests in the future
* **Directorships of private companies** seeking to do business with the Primary Care School

**\*\* Type of Declaration on Interest**

* **Financial interests:** Where an individual may get direct financial benefit\* from the consequences of a decision they are involved in making.
* **Non-financial professional interests:** Where an individual may obtain a non-financial professional benefit from the consequences of a decision, they are involved in making, such as increasing their professional reputation or promoting their professional career.
* **Non-financial personal interests:** Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
* **Indirect interests:** Where an individual has a close association† with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

The information submitted will be held by NHS England (NHSE) for personnel or other reasons specified on this form and to comply with the organisation’s policies. This information will be held in accordance with the General Data Protection Regulations 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that NHSE holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to NHSE as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, internal disciplinary, or professional regulatory action may result.

**The form below must be submitted electronically to**

England.primarycare.eoe@nhs.net

**Declaration of Interest form for the  
EoE Primary Care Board Members**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Role** | **Conflict of Interest case\*** *(Actual, Potential or Directorships of private companies)* | **Type of Declaration on Interest\*\*** *(Financial, Non-financial professional, Non-financial personal, Indirect)* | **Description of Interest** | **Relevant date(s)** |
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