

**DECLARATION OF CONFLICTS OF INTEREST FORM  
FOR (NAME OF ORGANISATION)**

I ..... as a trustee/employee/volunteer of (organisation) have set out below my interests in accordance with the (organisations) conflict of interests policy.

| <b>Category/Situation</b> | <b>Please give details of the interest and whether it applies to yourself or, where appropriate a member of your immediate family or connected persons.</b> |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIRECTOR                  |                                                                                                                                                             |
| TRUSTEE                   |                                                                                                                                                             |
| EMPLOYEE                  |                                                                                                                                                             |
| SELF EMPLOYMENT           |                                                                                                                                                             |
| VOLUNTEER                 |                                                                                                                                                             |
| OTHER                     |                                                                                                                                                             |

**To the best of my knowledge the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information 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.**

**Signed.....**

**Position..... Date.....**