**Booking form**

**Care closer to home event**

**Thursday 12 February 2015**

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation (if applicable):** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Any additional / access needs** |  |

Please let us know which event you will be attending:

|  |  |
| --- | --- |
|  | **10.00am – 12.00pm at the**  **Textile Centre of Excellence, Red Doles Lane, Huddersfield HD2 1YF** |
|  | **1.30pm - 3.30pm at**  **Batley Town Hall, Market Square, Batley WF17 5DA** |

**Please return the form to** [**zubair.mayet@nhs.net**](mailto:zubair.mayet@nhs.net) **by Monday 9 February 2015.**





**Conflict of interest declaration form**

A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it.

If any assistance is required in order to complete this form, then the individual should contact **Zubair Mayet (Email:** [**Zubair.mayet@nhs.net**](mailto:Zubair.mayet@nhs.net)**)**

The completed and signed form should be sent to [zubair.mayet@nhs.net](mailto:amanjot.aujla@nhs.net) **by Monday 9 February 2015.**

Any changes to interests declared must also be registered within 28 days of becoming known by completing and submitting a new declaration form.

All members must provide sufficient detail for any conflict of interest, to enable a lay person to understand the implications and why the interest needs to be registered.

Interests that must be declared (whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual), including but not limited to:

* + Roles and responsibilities held within any member GP practice;
  + Directorships, including non-executive directorships, held in private companies or PLCs with any influence or relationship to the healthcare services included within Care closer to home;
  + Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with NHS Greater Huddersfield and / or North Kirklees CCGs;
  + Shareholdings (more than 5%) of companies in the field of health and social care;
  + A position of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;
  + Any connection with a voluntary or other organisation contracting for NHS services;
  + Any other role or relationship which the public could perceive would impair or otherwise influence the individual’s judgement or actions in their role within the CCG.

**Conflict of interest declaration**

Please identify any actual or potential conflicts of interest that could arise from your involvement on the NHS Greater Huddersfield and North Kirklees CCGs Care Closer to Home procurement panel.

A conflict of interest shall not be deemed to arise solely by virtue of a person's employment or engagement by a Clinical Commissioning Group, NHS Trust, Provider of clinical services or other NHS body (although you are requested to disclose any such relationships and engagement for information purposes only).

If no potential conflict of interest is identified, please state this in your response.

|  |  |
| --- | --- |
| **Name:** | |
| **Organisation/Position:** | |
| **Email:** | |
| **Type of Interest** | **Details** |
| Provision of services or other work for the CCGs |  |
| Provision of services or other work for any other NHS Commissioning organisation |  |
| Provision of services or other work for any NHS Trust or healthcare provider organisation, including clinical services and consultancy services.  Please declare if there is any relationship or engagement with an organisation that will participate in the procurement process as a Bidder. |  |
| An explanation of how the individual proposes to deal with the actual or potential conflicts, so that they do not prejudice a fair and competitive procurement process or the position of the CCGs. |  |

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

|  |  |
| --- | --- |
| **Print Name** |  |
| **Signed:** |  |
| **Date:** |  |