

Part A

CONFIDENTIAL

Declaration of Interest for Northern Clinical Senate Members

“[Title of Study/Review]”

[Chair’s name], Chair of Study/Review

I understand that if I, my family members and close relatives and personal friends have any direct or indirect interest in any company/organisation which has dealings with the Northern Clinical Senate, I shall make a declaration to the Senate Chairs

- I am not a part-time, paid, or unpaid employee of any organisation that are: (a) involved in the study under review: (b) whose services would be directly and predictably affected in a major way by the outcomes of the study/review
- I am not an officer, member, owner, trustee, director, expert advisor, or consultant of such organisations
- I do not have any financial interests or assets in any organisations meeting and above criteria, not does my spouse, dependant children, nor any organisation with which I am connected; and
- I am not a current collaborator or associate of the Chair.

Having read the above: *(please check the appropriate answer)*

I have no relevant interests or activities.

I have noted any exceptions in the space below:



**Northern England
Clinical Senate**

I will notify Northern Clinical Senate promptly if:

- A change occurs in any of the above during my duration of membership
- I discover that an organisation with which I have a relationship meets the criteria for a conflict of interest.

I acknowledge that, to the best of my knowledge, I have identified any and all actual and apparent conflicts of interest.

Signature: _____ Contact details: _____

Printed Name: _____ Date: _____

**When completed please return to the Northern Clinical Senate Management Team,
Waterfront 4, Goldcrest Way, Newburn Riverside, Newcastle Upon Tyne. NE15 8NY by
post or email to wendy.ryder1@nhs.net.**

Part A

CONFIDENTIAL

Declaration of Interest for Northern Clinical Senate Council Members

To Council Chair,

Declaration of Interest

I understand that if I, my family members and close relatives and personal friends have any direct or indirect interest in any company/organisation which has dealings with the Northern Clinical Senate, I shall make a declaration to the Senate Council Chair.

I would like to declare the following existing/potential conflict of interest situation arising from the discharge of my responsibilities as a member of the Northern Clinical Senate Council:

- a) Persons/companies with whom/which* I have official dealings and/or private interest

- b) Brief description of my duties which involved the persons/companies mentioned in item (a) above



Position and Name:

Signature:

Date:

(*delete as appropriate)

Part – B

CONFIDENTIAL

Record of Resolution of the Council Chair or Regional Director

With respect to the above declaration, the Chair passed the following resolution:

___ (*name of the person making the declaration*) should refrain from performing or getting involved in performing the work, as described in Part A, which may give rise to conflict

___ (*name of the person making the declaration*) may continue to handle the work as described in Part A, provided that there is no change in the information declared above

___ others (*please specify*)

Senate Manager: _____ Chair: _____

Signature: _____ Signature: _____

Date of Meeting: _____

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