**Conflict of Interest Declaration Form**

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| **Name of Authority “the Authority”:** | For Guy’s & St Thomas’ NHS Foundation Trust, Population Health & Equity, King’s Health Partners  |

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| **Name of Procurement:** | External support for Programme Evaluation |

This Conflict of Interest Declaration Form is to be completed by staff of the Authority and (if applicable) staff of any organisation providing ancillary services to the Authority in relation to the procurement.

For the purposes of this declaration a conflict of interest is **a financial, economic or other personal interest (including personal, business or volunteer affiliations) which might be perceived to compromise your impartiality or independence in the context of the procurement.**

You should indicate on this form whether you have any potential conflicts of interest with the procurement or any of the participating bidders.

Examples of interests that must be declared (whether such interests are yours or those of a family member, close friend or other acquaintance) include:

* Directorships, including non-executive directorships, of any participating bidders;
* Any other role and responsibility held within any of the participating bidders;
* Shareholdings in any of the participating bidders;
* Any voluntary relationship or affiliation with any of the participating bidders;
* Any research funding / grants or other financial relationship with any of the participating bidders;
* Any other role or relationship which the public could perceive would impair or otherwise influence your impartiality or independence in relation to the procurement.

**If you are in any doubt as to whether or not a conflict of interest could arise, a declaration of the interest must be made.**

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| Please tick:[ ]  I have no conflict of interest to report[ ]  I have a conflict of interest which may affect this tenderIf you have stated you have a conflict of interest which may affect this tender, please state the full reason below.

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| **Conflict of Interest Declaration**  |
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I hereby certify that the information set forth above is true and complete to the best of my knowledge.

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| **Date:** |  |
| **Print Name:** |  |
| **Job Title and Role in Procurement Process:** |  |
| **Signature:** |  |
| **Procurement Reference:** |  |