

**Declaration of Interests Form
(for inclusion in the Register of Interests)**

I, as a trustee of Healthwatch Central Bedfordshire, have set out below my interests in accordance with HWCB's policy on conflicts of interest and loyalties.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family, connected persons or some other close personal connection.
Current employment / paid work and any previous employment / paid work in which you continue to have a financial interest.	
Appointments (voluntary or otherwise), e.g. trusteeships, directorships, other form of sponsorship by an organisation, membership of public bodies, tribunals etc.	
Membership of any professional bodies, special interest groups or mutual support organisations.	
Gifts or hospitality offered to you by external bodies in the last twelve months and whether this was declined or accepted.	
Any interest in any organization or person which has an actual or potential contractual relationship with HWCB.	
Any other conflicts or potential conflicts that are not covered by the above.	

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.

Name: _____

Signed: _____ **Date:** _____