# DECLARATIONS OF GIFTS, HOSPITALITY AND SPONSORSHIP FORM

**Gifts:**

Contractors and Suppliers: All gifts of any nature, whatever their value, offered to any member of ICB Board, its committee members and staff by a contractor or supplier (current or prospective) to the ICB’s business should be declined. The person to whom the gifts were offered must declare said offer to the Corporate Affairs Team for inclusion on the register.

Subject to this, low cost branded promotional aids (diaries, calendars, etc.) may be accepted where they are under the value of the common industry standard of £6 in total and need not be declared.

From patients and other sources: seek advice Corporate Affairs Team ([hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net))

# Hospitality:

* Under a value of £25 may be accepted and need not be declared.
* Of a value between £25 - £75 may be accepted but must be declared.
* Over a value of £75 must be refused unless (in extreme circumstances) senior approval is given. A clear reason for acceptance must be recorded on the ICB’s gifts and hospitality register.
* A commonsense approach must be applied in the valuing of meals and refreshments, using the actual amount if known.

**Sponshorship**

Offers of funding from private companies for events (e.g., training events for clinicians), which may include the provision of hospitality, must be approved prior to acceptance. Such circumstances are covered by the separate Policy.

Policy for the Sponsorship of activities and joint working with the Pharmaceutical and other Industries (the principles of which apply to all private companies).

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| --- | --- |
| Recipient Name: |  |
| Position: |  |
| Date of Offer: |  |
| Date of Receipt (if applicable): |  |
| Details of Gift / Hospitality/Sponsorship |  |
| Estimated Value: |  |
| Supplier / Offeror  Name and Nature of Business: |  |
| Details of Previous Offers or Acceptance  by this Offeror / Supplier: |  |
| Details of the Officer Reviewing and Approving the Declaration Made  and Date: |  |
| Declined or accepted? |  |
| Reason for Declining or Accepting. |  |
| Other Comments |  |

I confirm that the information provided above is complete and correct. I acknowledged that any changes in these declarations must be notified to the ICB as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

The information submitted will be held by the ICB for personnel or other reasons specified on this form and to comply with the organisation’s policies. This information may be held in both manual and electronic form in accordance with the current Data Protection Act and General Data Protection Regulation. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Position | Date |
| Signed By: |  |  |  |
| Senior/Line Manager |  |  |  |

**Please return completed form to** [hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net)