

NHS Nene CCG Declaration of Gifts, Hospitality & Sponsorship Form											
Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift; Sponsorship; or Hospitality	Estimated Value	Supplier / Offer or Name and Nature of Business	Details of previous offers or acceptance by this Supplier / Offeror	Approval provided by and on what date	Declined or Accepted?	Reason for accepting or declining	Other comments

The information submitted will be held by Nene CCG 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 Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that Nene CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to Nene CCG as soon as practicable and no later than 28 days after the offer arises. I am aware that if I do not make full, accurate and timely declarations, or failing to follow the related policy then internal disciplinary, professional regulatory, civil and/or criminal sanctions may result.

I do / do not (delete as applicable) give my consent for this information to be published on register that Nene CCG holds. If consent is NOT given please give reasons:

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Signed:		Date:
Signed: (Line Manager or Deputy Director / Director)	Print Name: Position:	Date:

Please return this completed form to Board Secretary, Sarah McKenzie sarah.mckenzie8@nhs.net
For help and advice please contact the Board Secretary email above