

Declaration of Interest for Healthwatch Darlington

Name:		Date:
Position held:		
Date of commencement of interest	Nature of interest, and potential impact	
<p>To the best of my knowledge the information supplied above is correct and complete.</p> <p>I understand that it is my responsibility to declare any conflict of interest, business or personal that relates directly or indirectly to me or any relation in any contract, proposed contract or any other matter when present at a meeting.</p> <p>I undertake to update as necessary the information provided and to review the accuracy of the information on an annual basis.</p> <p>I give my consent for this information to be used for the purposes described in the Conflict of Interest Policy and Procedures.</p>		
Signature:		Date: