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##### Declaration of Interests

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ being a Trustee hereby make the following declaration as required by the Association’s Policy on Conflicts of Interest:

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| Connection with any Pharmaceutical, Diagnostic or other Healthcare Supply Company |
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| Trusteeship and / or Council Membership of other Charities / Professional Bodies |
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| Other matters of potential conflict with the operation of the BASHH |
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I understand that the above information will be held by the Secretary, recorded in a register and made available as may be required to the Governing Board and to other Members of the Association.

I hereby undertake to ensure that should any conflict arise between the interest of BASHH and any other organisation in which I hold a position of responsibility I shall ensure that the interest s of BASHH are given priority.

Signed: Date:

**NB. This Form is to be lodged with the General Secretary after it has been signed.**