Procurement Title			
Supplier(s) *Applicable if specific suppliers have been highlighted by the procuring Organisation			
Procurement Process	Provider Selection Regime (PSR)	Single Tender/Quotation	☐
		Direct Award Process 1	☐
		Direct Award Process 2	☐
		Most Suitable Provider Process	☐
		Competitive Process	☒
		Framework Call-Off: Single Provider	☐
		Framework Call-Off: No Competition	☐
		Framework Call-Off: With Competition	☐
Extent of Involvement (Please tick all that apply for each stage of the process)		Market Engagement	☐
		Specification Drafting	☐
		Evaluation Stage (Selection)	☒
		Evaluation Stage (Award)	☒
		Contract Award Stage	☐
		Other (please state)	☐

Declarations of Interest Form	
Full Name: (Please Print)	[redacted]
E-mail Address:	[redacted]
Tel No:	
Organisation:	**SBUHB**
Position Held in Organisation:	Primary Care Support Manager

In accordance with the NHS Standards of Behaviour Framework, Standing Orders and Standing Financial Instructions. I list below my relevant interests and those of my family for inclusion in the Conflict of Interests assessment register for this procurement.

If in doubt, declare!

Section 1 – To be completed (With declaration of interests or ☒ No interest to declare) Only sign Section 1 if there are **interests to declare.**
Section 2 – Only sign Section 2 if there are **no interest to declare.**
Section 3 – To be completed by the contracting authority

SECTION 1 – Interests to Declare **Please review each section provide any relevant information or select that there is no interest to declare**			
Declaration	**Nature of Relationship**	**Period of Involvement**	**Financial Transactions or Benefits in Kind**
a) **DIRECTORSHIPS** Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	**Personal:**		
	☒ No interest to declare		
	Spouse/Partner or other Relationship Specific to a Contract or Series of Contracts		
	☒ No interest to declare		
b) **INTEREST IN COMPANIES AND SECURITIES** Substantial interest is ownership or part ownership, more than 1/100th (i.e., share) of private companies, businesses or consultancies	**Personal:**		
	☒ No interest to declare		
	Spouse/Partner or other Relationship Specific to a Contract or Series of Contracts		
	☒ No interest to declare		
c) **OTHER POSITIONS OF AUTHORITY (Not included in a.)**	**Personal:**		
	☒ No interest to declare		

A position of authority (i.e., Director, Chairman. Trustee etc.) in a charity or voluntary body in the field of health and social care	**Spouse/Partner or other Relationship Specific to a Contract or Series of Contracts**		
	☒ No interest to declare		
d) PERSONAL OR DEPARTMENTAL SPONSORSHIP a personal or departmental interest in any part of the pharmaceutical industry or Sponsorship or funding from a known NHS supplier or associated company/subsidiary, e.g., Baxter funding research, staff, or equipment	**Personal:**		
	☒ No interest to declare		
	Spouse/Partner or other Relationship Specific to a Contract or Series of Contracts		
	☒ No interest to declare		
e) ANY OTHER INTEREST Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	**Personal:**		
	☒ No interest to declare		
	Spouse/Partner or other Relationship Specific to a Contract or Series of Contracts		
	☒ No interest to declare		

f) By signing this declaration, I understand that it is my responsibility that should my circumstance change or a new relationship be established in relation to any bidding organisation, I will consult with the Lead Procurement contact and am aware that I may be required to complete a new Declaration of Interest or be required to withdraw my participation.

g) I confirm that the list accurately reflects my interests and those of my close family and understand that these declarations will be included in the register available for public inspection.

Signed: **Date:**

SECTION 2 – Confirmation of nil declaration			
h) I confirm a *nil declaration*			
Signed: [redacted]	**Date:**	**21.01.25**	

.....To be Completed by Procurement Staff.....

SECTION 3 – Completed by the Contracting Authority				
i) Authorisation Section				
Having considered the activity declared on this form is there any action required to manage any potential conflicts of Interest? Please indicate with a (X) in the relevant box.	**Yes** ***If yes, please outline in the 'Management Action' box below the steps and action that will be taken to manage any potential conflict***		**No**	**No**
If a conflict has been identified have you sought advice from the Director of Corporate Governance for advice on how to manage and report the conflict? Please indicate with a (X) in the relevant box. ***Director of Corporate Governance Contact Details: Phone (Direct Line): 029 2031 6972***	**Yes**		**N/A**	**N/A**
Management Action Agreed: ***(if not applicable please indicate this by writing N/A in the box below)***				
By signing below you are confirming that you have: • **Considered the activity Declared on this form.** • **Identified if there are any potential conflict of interest** • **If a declaration of interest is perceived, considered the management action required to manage the conflict, sought advice from the Director of Corporate Governance and;** • **Communicated the action required to the individual declaring the interest**				
Print Name: [redacted]				

Designation:	**Procurement Business Manager**
Signature:	[redacted]
Date:	**23/01/2026**