

Declaration of interest form



A **declaration of interest** is where you tell us about anything you are doing that may affect your work with Healthwatch.



It is also where you say that you have a friend or family member who is doing something that may affect your work with Healthwatch.

Name:



Date:



Your job or role in Healthwatch:





Please explain all the things you are doing, or that your family and friends are doing, that may affect your work with Healthwatch.



Please also explain how it might affect Healthwatch.

A large, empty rounded rectangular box intended for the user to provide their explanation.

Signature

Please sign to say that:



- everything you have written is true



- these are all the things that you, your family and friends do that might affect Healthwatch



- you will speak up at any meeting which is talking about one of these issues



- you agree to keep this information up to date



- you agree that we can show this to anyone in Healthwatch that needs to see it.

Signed



Date

