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| Document name: Conflict of Interest PolicyAuthor: Approved by:  |

**[insert company name]:**

**Conflict of Interest Policy**

The Company requires its staff to complete a Conflict of Interest Declaration Template. This acts as a register of staff interests. Staff will review and confirm interests to the Company at least annually or following any material change of circumstance within twenty-eight days.

Where a staff member becomes aware of a potential or actual conflict of interest he/she must report this to the Company immediately. Where the Company becomes aware of a potential or actual conflict of interest that is likely to have an adverse effect on the commissioner continuing to contract with the Company on the terms of the service contract, it will immediately declare this to the commissioner. The Company understands that the commissioner can take action under the terms of the contract it deems necessary without affecting any other rights under law.

The Company will endeavour to prevent conflicts of interest before they arise. Perceived conflicts can have an adverse impact on service provision as well as actual conflicts.

The Company’s policy regarding conflict of interests is to, where doubt exists, assume a conflict and manage this accordingly. Staff recognise that financial gain is not required for conflicts to exist.

The Company recognises that individuals may in good faith hold an unrecognised conflict of interest.

While the Company promotes robust conflict of interest prevention and management an overly prescriptive approach is not desirable. The declaration form has been structured accordingly.

Staff Conflict of Interest Declarations will be made available upon request.

The Company’s Conflict of Interest Policy will be reviewed annually with commencement date [insert date].

Declaration template below:

|  |  |  |
| --- | --- | --- |
|  | **You** | **Family member** |
| *Full name* |  |  |
| *Optical profession (e.g. optometrist/dispensing optician)* |  |  |
| *Position within the Company* |  |  |
| *Details of position/involvement* |  |  |
| *Positions (including directorships) or any involvement (including shareholdings) with other private or public organisations participating in the NHS commissioning processes in the field of eye health care* |  |  |
| *Positions (including directorships)or involvement (including shareholdings) in any other private or public company operating in the wider health and social care sector*  |  |  |
| *Any other role or relationship including with voluntary organisations you consider of significance* |  |  |

I confirm that this **Declaration of Conflict of Interests Form** has been completed to the best of my knowledge. I undertake to update as necessary the information provided and to review the accuracy of the information at least annually or following any material change of circumstances (material change of circumstances being taken as anything that would otherwise have fallen in one of the categories above).

Signed: Date: