**BRITISH MEDICAL ASSOCIATION** 

**DECLARATION OF INTERESTS 2021-22**

***Please complete this form and return it to the BMA staff member responsible for the committee, (either in person, via email or post)***

It is important that members (as defined within the BMA’s conflict of interests policy **(‘Conflicts Policy’**) register any interests (in line with the Conflicts Policy) with the Chief Executive of the BMA and notify him of any changes in their registrable interests within fourteen (14) days of the change occurring.

Name of member: ……………………………………………………………………………………………………………………………………

Membership No: ……………………………………………………………………………………………………………………………………..

Please write below name(s) of the committee(s) this form and these conflicts relate to:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  | 3. |  |
| 2. |  | 4. |  |

Directorships: …………………………………………………………………………………………………………………………………………

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Other remunerated work: ……………………………………………………………………………………………………………………..

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Gifts, donations, benefits and hospitality: ……………………………………………………………………………………………..

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Shareholdings or other positions: …………………………………….…………………………………………………………………...

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Family interests: ………………………………………………………………………………………………………………………………………

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Miscellaneous and unremunerated interests: ………………………………………………………………………………………….

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Other interests: ………………………………………………………………………………………………………………………………………

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Union membership: I am /not a member / appointed representative of another recognised trade union / association.

If a member then:

1. which union / association……………………………………………………………………………………………………………………

b) position held……………………………………………………………………………………………………………………………………….

I confirm that the BMA may process my personal data and sensitive personal data as defined by the General Data Protection Regulation (EU) 2016/679, and I consent to the information contained in this declaration being used by the BMA for the purpose described in the Conflicts Policy and for no other purpose.

I confirm that, to the best of my knowledge:

1. this is a full and accurate declaration of all and any interests I may have in accordance with the Conflicts Policy; and
2. I am not aware of any conflicts, other than those contained in this declaration, that exist between my role as a BMA member and my personal or other interests.

Signature of member: …………………………………………………………………………………….

Name: ……………………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………………