'Managing Conflicts of Interest Policy'
Appendix B

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

THE QUEEN ELIZABETH HOSPITAL KING'S LYNN

NHS FOUNDATION TRUST

Gifts and Hospitality and Sponsorship Declaration Form

(See Management of Conflicts of Interest Policy for guidance)

Date of receipt of Gift, Hospitality or Sponsorship:	**Name and Job Title of Recipient:**
Description of Gift, Hospitality or Sponsorship and value: *(please estimate value if you are unsure and indicate that the value is estimated)* ** Delete as appropriate* ***Gift** ***Hospitality** ***Sponsorship**	**Donor / Sponsor**:
Value: *(please estimate value if you are unsure and indicate that the value is estimated)*	**Line manager approval (Required if >£25):** Name:…… Signed:……
Accepted/Refused:	**Used for**:

Note: A copy of this form must be sent to the Trust Secretary, irrespective of whether gifts or hospitality are accepted or declined, in order that details can be entered in the 'Gifts, Hospitality and Sponsorship Register'.

Forms received, which are incomplete will be returned to the line manager for completion.

Date received by Trust Secretary ……..

Signed by Trust Secretary ……