

**Conflicts of interest and other material information**

Eligibility for membership of the Council is determined by the Health and Care Professions Council (Constitution) Order 2009. For further information please refer to the candidate information pack, and the HCPC website.

A person appointed to a public body could find that matters or incidents which previously attracted no attention could become matters of legitimate public interest when holding a public appointment. The following sections ask for information which may be relevant in this context.

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|  | Have you: | |  |  |
| 1. | (a) | any convictions or cautions, from the UK or overseas, which would be considered unspent under the Rehabilitation of Offenders Act? | yes | no |
|  | (b) | ever been the subject of disqualification from the practice of a profession in the UK or elsewhere which remains in force; or are you the subject of any proceedings which could lead to such a disqualification? | yes | no |
|  | (c) | any pending charges to which you intend to plead guilty? | yes | no |
|  | (d) | become bankrupt over the past 10 years? | yes | no |
|  | (e) | been dismissed from any office or employment over the past 10 years? | yes | no |
|  | (f) | ever been disqualified from acting as a Company Director or in the conduct of a company? | yes | no |
|  | (g) | ever been a director, partner or manager of a company which has gone into liquidation, receivership or administration? | yes | no |
|  | (h) | any other facts to declare which you feel could be raised publicly in the future relating to your suitability to hold the appointment for which you are being considered? | yes | no |

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| 2. | If you have answered yes to a question in section 1, please provide details below, continuing on a separate sheet if necessary. | | | |
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| 3. | Do you have a relationship, either personal or professional, with any member of the assessment and selection panel? If yes please outline: | | yes | no |
|  | | | | |
| 4. | Do you have a relationship, either personal or professional, with any member of the Health and Care Professions Council or Executive? If yes please outline: | | yes | no |
|  | | | | |
| 5. | Please provide details of membership of or position of general control or management of (current memberships or those held in the last two years): | | | |
|  | (a) | body exercising functions of a public nature: | | |
|  | | | | |
|  | (b) | body directed to charitable purposes: | | |
|  | | | | |
|  | (c) | body whose principal purposes includes the influence of public opinion or policy (including any political party or trade union\*): | | |
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| 6. | Directorships in public and private companies including non-executive directorships: | | | |
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| 7. | Details of any shareholdings which gives you a majority or controlling interest in any undertaking: | | | |
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| 8. | Description of any contracts for goods, services or works made between the HCPC and you or a firm in which you are a partner, or a company of which you are remunerated as a director : | | | |
|  | | | | |
| 9. | Please provide details of any significant political activity undertaken in the last five years. This should include activities that are a matter of public record i.e. office holding in, public speaking in support of, or candidate on behalf of, any political party (or affiliated body) which fields candidates at local or general elections in any part of the UK or in elections to the European Parliament\*. | | | |
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*\*The Nolan Committee on standards in Public Life recommended that all candidates should declare any significant political activity. Political activity information will be used for monitoring purposes only and will not determine your suitability for appointment. If your application is successful, this information will become part of the public record.*

**Declaration**

I undertake to advise the Council of any other information relevant to an assessment of suitability as a public appointee and to report and significant future change to the information I have provided on this form.

I certify that if appointed to a position at HCPC, I will inform the Council of any change of circumstance which would result in a YES answer having to be given to any of the questions in Section 1.

I confirm that the information given on this form is complete and true, to the best of my knowledge. I understand that if I am appointed and the information I have provided is subsequently found to be untrue, then my tenure of office may be terminated.

**Signature …………………………………………………………………………………**

**Print …………………………………………….. Date..................................................**