

**CAPITAL Declaration of** **Conflict of Interest Form**

I (insert name)………………………………………….

Declare the following interests

|  |  |
| --- | --- |
| Type of Interest  | Please explain the nature of this interest and whether it applies to yourself or a close friend/family member |
| Directorships in public or private companies, majority share holdings in companies |  |
| Position in authority in other mental health charities or voluntary bodies |  |
| Other connection (including paid or voluntary work) with charities or voluntary bodies as above |  |
| Private consultancy tendering for work in mental health |  |
| None of the above |  |

I certify that to the best of my knowledge this is a true and accurate record of my interests and undertake to inform the company secretary of any significant changes to this record.

Signed……………………………………………………………………………….

Dated: