

OFFICERS' PERSONAL INTERESTS DECLARATION FORM

Please note, this declaration must be completed in addition to your own Organisation's employee/officer code of conduct and you must continue to declare any relevant interests in accordance with your Organisation's/Council's own Employee code of conduct.

Name:	Beverly Owen
Job Title	Strategic Director-Place & Acting Chief Executive

Secondary employment (if applicable)

Job Title / Position	
Name and Address of Employer / Company / Organisation	
Details of employment including duties, hours worked per week and times and place of work	

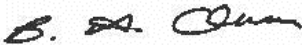
Other Potential Conflicts of Interest

Please Note: You only need to disclose personal interests which conflict, or may conflict, with your duties to your Organisation and/or Council. If you are at all unsure, you should disclose your interest using this form or discuss this with your Manager. The interest will then be recorded in a register which will be maintained by the City Deal Office

Business interests eg contracts with the Council, sponsorship etc	None
--	-------------

Membership or management of a club, organisation, charity, professional association or other body	None
Land or property interests	None
Other financial interests	None
Any other potentially conflicting personal interests	None

Notification of Changes	I undertake to notify the City Deal Office, along with notifying my own Organisation and/or Council in writing of any changes which may occur within 28 days from the date of the change, by submitting a new declaration as appropriate.
--------------------------------	--

Signature:		Date:	1/5/20
-------------------	---	--------------	--------

TO BE COMPLETED BY OPERATIONAL MANAGER (or above)

PART 1

Nature of Personal Interest / Secondary Employment:

Is there a Conflict of Interest

YES / NO

(please give details / reasons)

--	--

PART 2

To be completed if there is a Conflict of Interest

Is it possible to re-adjust/reallocate duties to avoid the conflict?	YES / NO (please give details / reasons)
---	---

Is any other action necessary to avoid the conflict?

Signature:		Date:	
POSITION			