

Register of Members' Interests

Disclosure of Interests

Under CNHC's Standing Orders the following people are required to disclose interests, direct or indirect, in any organisation, proposed contract or any other matter that is relevant or material to the CNHC:

- Directors (ie Board Members)
- Members of Committees
- Members of Profession Specific Boards
- Members of Professional Advisory Panels

The interests that require disclosure also refer to those of an immediate family member (spouse or dependent child/ren).

Interests regarded as relevant and material are:

- ◆ Being a practitioner in the complementary or natural healthcare field;
- ◆ Membership of a professional association in the field of complementary and natural healthcare;
- ◆ Directorships in private or public companies;
- ◆ Ownerships or part ownerships of private companies;
- ◆ Business or consultancies likely or possibly seeking to do business with the CNHC;
- ◆ Majority or controlling share holdings in organisations likely to do business with the CNHC;
- ◆ A position of authority in a charity or voluntary organisation in the field of complementary and natural healthcare

This form will be updated on an annual basis

DECLARATION

I (insert NAME)

A Director of the Complementary and Natural Healthcare Council (CNHC) hereby give notice of my financial and other interests and those of an immediate family member as required under Standing Order 12 of the CNHC

or

A member of a Functional Committee / Profession Specific Board / Professional Advisory Panel hereby give notice of my financial and other interests and those of an immediate family member as required under Standing Order 12 of the CNHC

Where I have no such interests under any heading, I have written "none".

FINANCIAL INTERESTS

1. The employment or business carried on by me or an immediate family member is / are:

Note: You should show every employment or business that you or an immediate family member carries on. Give a short description of the employment or business concerned (eg "accountant"; "restaurateur")

2. The name(s) of my employer(s) or those of an immediate family member, the name(s) of any companies in which I or an immediate family

member am/is a partner and the name of any company/companies for which I or an immediate family member am/is a Director is/are:

3. The name of any person or organisation, other than CNHC who, has made payments in _____ respect of any expenses incurred by me in carrying out my duties for CNHC is:

4. The contracts for goods, services or works made between the CNHC and myself or an immediate family member or a company of which I or an immediate family member am/is a director are:

Note: You should describe all contracts that are not fully discharged and indicate for how long any such contract will run.

OTHER INTERESTS

5. I or an immediate family member am/is a member of the following professional associations or trades unions:

6. The Public Authority/authorities or body/bodies exercising functions of a public nature of _____ which I or an immediate family member have membership or a position of general control or management is / are:



Note: Please state the body and the nature of your involvement or that of an immediate family member.

7. The companies, industrial or provident societies or charities of which I or an immediate family member have membership or a position of general control or management are:

Note: Please state the body and the nature of your involvement or that of an immediate family member.

IMPORTANT: You must notify the CNHC Registrar in writing within 28 days of becoming aware of any change to the interests declared on this form.

SIGNED:

DATE: