

December 2018

**NORTHERN IRELAND SOCIAL CARE COUNCIL**

**DECLARATION OF INTERESTS FORM**

**NAME OF COUNCIL MEMBER**

Lee Wilson

The Standing Orders of the NISCC and its Committees make provisions that every Council Member shall make a written declaration to the Chief Executive of relevant pecuniary interests. It would therefore be appreciated if you would answer the following questions and return this form to the Chief Executive.

1. Is your main employment or business and any subsidiary employment or business directly or indirectly related to the NISCC's work?

Yes  NO (Please delete as appropriate)

Details

2. Do you hold any directorship, consultancy or shareholding in any organisation or partnership concerned with the employment or provision of social care workers or with education and training in social care or the supply of goods or services to the NISCC?

Yes  NO (Please delete as appropriate)

Details

3. Are you involved in any contracts with the NISCC?

Yes  NO (Please delete as appropriate)

Details

4. Please indicate any other outside interests relevant to your role as a Council Member, eg unremunerated posts, honorary positions and other connections which may give rise to a conflict of interest or trust?

Details

N/A

5. Do you hold a financial or other interest in a private company or body which may give rise to a conflict of interest?

Yes  NO (Please delete as appropriate)

Details

6. Please indicate any relevant and known interests held by your spouse, partner or close family members which may provide a conflict of interest with your position as either a Council or Committee Member of the NISCC?

YES  NO (Please delete as appropriate)

Details

Members are reminded that although the introduction to the Declaration refers only to pecuniary interests, questions 4 and 6 are NOT limited to interests of or related to money.

7. (i) Please list below any Directorships (including non-executive Directorships) held in private companies or Public Limited Companies (PLCs) which may have a trading relationship with the HPSS.

| Name and Nature of Company | Public or Private | Office or Status, eg Chairman, Director, Secretary etc | Address of registered office or HQ | Nature & extent of interest, eg Shareholder & no of shares or % holding |
|----------------------------|-------------------|--|------------------------------------|---|
| N/A                        |                   |  |                                    |   |

(ii) Please list below any private companies, businesses or consultancies that you may own (or part own) and which are likely or possibly may seek to do business with HPSS organisations.

| Name and Nature of Company | Public or Private | Office or Status, eg Chairman, Director, Secretary etc | Address of registered office or HQ | Nature & extent of interest, eg Shareholder & no of shares or % holding |
|----------------------------|-------------------|--|------------------------------------|---|
| N/A                        |                   |  |                                    |   |

(iii) Please list majority or controlling shareholdings in organisations likely or possibly seeking to do business with Health and Personal Social Services organisations.

| Name and Nature of Company | Public or Private | Office or Status, eg Chairman, Director, Secretary etc | Address of registered office or HQ | Nature & extent of interest, eg Shareholder & no of shares or % holding |
|----------------------------|-------------------|--|------------------------------------|---|
| N/A                        |                   |  |                                    |   |

(iv) Please list below any positions of authority held in charities or voluntary bodies in the field of Health and Social Care.

| Name and Nature of Body | Office or Status, eg Chairman, Director, Secretary etc | Address of registered office or HQ | Nature & extent of interest, eg Shareholder & no of shares or % holding |
|-------------------------|--|------------------------------------|---|
| N/A                     |  |                                    |   |

(v) Please note any **connections** that you may have with voluntary or other bodies contracting for HPSS services.

The DHSSPS (NI) has no firm definition of "connection", however the Department states that you should declare any relationship which could be deemed to influence your views on any matter which may be discussed by the Council.

| NAME OF BODY | CONNECTION |
|--------------|------------|
| N/A          |            |
|              |            |
|              |            |

(vi) Members are asked to declare in this section other interests that they feel should be included in the Register and are not specifically covered above.

*Non Executive member of N.I. medical and Dental Training agency*

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If Members have any doubts about the relevance of an interest, or of the expectations of this declaration, this should be discussed with the Chair.

SIGNED: *[Signature]*

DATE: 16/1/19

**Declaration of Interests  
Illustrative Framework**

| Nature of Interest   | Include in Dol proforma | Declare at meeting if relevant | Leave room during discussion |
|--|-------------------------|--------------------------------|------------------------------|
| Personal or family business/financial interest   | ✓                       | ✓                              | ✓                            |
| Direct Employment/Institutional Interest, eg<br>1. Employer would be advantaged/disadvantaged<br>2. Employer could be awarded consultancy<br>3. Complaint against employer under Employer's Code of Practice | ✓                       | ✓                              | ✓                            |
| Indirect Institutional or sectoral Interest<br><br>General interest in outcome related to Members' employment or voluntary work  | ✓                       | ✓                              | x                            |

