# Surrey Local Skills Improvement Plan (LSIP)

## Declaration of Interests Form

**Section 1: Personal Details**

**Full Name:**
**Organisation / Employer:**
**Role within LSIP Governance:**
(Please tick)

- ☐ Steering Board Member
- ☐ Task and Finish Group Member
- ☐ Sector Advisory Panel Member
- ☐ Other (please specify): _____

**Email Address:**
**Telephone Number:**

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**Section 2: Types of Interests to Declare**

Please declare any interests that could influence, or be perceived to influence, your involvement in the Surrey LSIP. This includes **actual, potential, or perceived** conflicts.

Examples include (but are not limited to):

- **Financial interests** (e.g., ownership, shares, contracts, consultancy fees)
- **Organisational interests** (e.g., your organisation may benefit from LSIP recommendations)
- **Professional interests** (e.g., roles in other boards, committees, or partnerships)
- **Personal relationships** (e.g., family or close associates with relevant interests)
- **Funding or commercial arrangements**
- **Any other interest that could reasonably be perceived as influencing your judgement**

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**Section 3: Declaration of Interests**
Please list all relevant interests below. If you have no interests to declare, write **"None"**.

| **Category of Interest** | **Description of Interest** | **Organisation(s) Involved** | **Nature of Potential Influence** |
|---|---|---|---|
| Financial | | | |
| Organisational | | | |
| Professional | | | |
| Personal | | | |
| Other | | | |

(You may attach additional pages if required.)

**Section 4: Mitigation or Management (Optional)**

If you wish, you may propose how any declared interests could be managed.

**Suggested mitigation actions:**

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(The LSIP Chair/Co-Chair will make the final determination.)

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**Section 5: Confirmation and Signature**

I confirm that the information provided in this form is accurate and complete to the best of my knowledge. I agree to:

- Update this declaration **immediately** if my circumstances change
- Act in accordance with the LSIP Conflict of Interest Policy
- Withdraw from discussions or decisions where a conflict is identified

**Signature:**
**Name (printed):**
**Date:**

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**Section 6: For LSIP Governance Use Only**

(To be completed by the ERB Governance Lead)

**Date Received:**
**Reviewed By:**
**Conflict Identified:** ☐ Yes ☐ No
**Management Action Required:**
☐ None
☐ Partial exclusion from discussion
☐ Exclusion from decision-making
☐ Full withdrawal from agenda item
☐ Other (specify): _____

**Notes / Rationale:**

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**Signed (Chair / Co-Chair):**
**Date:**