

**Secondary Employment**

**Name:**..... **Job Title:**.....

**Do you have any secondary employment to declare?** Yes:  No:

If answered yes, please complete details below, otherwise please sign and date

**Secondary Employment**

**Name of Employer:**..... **Hours per week:**.....

**Nature of Employment**.....

**Nature of Business**.....

**Nature of Work**

**Do you envisage this employment will impact on your employment with Humber NHS Foundation Trust?** Please circle your answer: **Yes** **No**

I declare that the above information is correct, that my secondary employment as described above, does not / will not have any detrimental impact on my duties, performance or attendance and that there is no conflict of interest between this and my contract of employment with the Trust.

I will inform my line manager and Human Resources of any changes to the above.

I understand that if I give false information, this could be treated as gross misconduct and / or fraudulent and dealt with accordingly under the Disciplinary Procedure. To prevent and detect fraud, I agree to the disclosure of relevant information from this form to and by the Trust's Local Counter Fraud Specialist.

I have read and understood the Trust's Standards of Business Conduct and Managing Conflicts of Interest Policy for NHS Staff and I agree to comply with all of its requirements.

**Please return this form to HR Secretaries, HR Managers office, Human Resources Department, Mary Seacole, Willerby, HU10 6ED**

**Signed**..... **Date:**.....

**Manager name:**..... **Signed:**..... **Date:**.....