**Declaration and Fit & Proper Persons Form**

We conduct our business in line with high standards of probity and ensure transparency in our dealings. To do this, we must be made aware of any existing relationships between our potential Non-Executive Directors (otherwise known as Board or Committee Members) and staff, contractors, consultants and those organisations we have a close relationship with. This form also provides an update on the Fit & Proper Person test for eligibility for Board membership.

Please **complete all sections of this form** – noting that there are 5 pages (declarations of interest, fit & proper persons and eligibility) and return with your application documents to a.lomax@dtp.uk.com

**Closely Connected Persons**

A closely connected person includes family members and persons with whom you have or have had a close association. This has a wide meaning and includes persons who might reasonably be regarded as similar to family members, even where there is no relationship by birth or in law. This includes:

* A partner (someone to who you are married, a civil partner or someone you live with in a similar capacity)
* Parent or parent in law
* Son, daughter, step-daughter, step-son or child of a partner
* Brother, sister, step-brother, step-sister, brother or sister of a partner
* Grandparent, grandchild
* Uncle, aunt, nephew, niece
* Partners of any of the above
* Any dependents
* Any person on who you depend
* Estranged, separated, divorced family members or those reasonably regarded as family members
* Those with whom you have (or have had) a close relationship who is more than an acquaintance e.g. friend, colleague, neighbour, business associate

**Connections with an organisation**

You are connected with a company, partnership or other organisation we work with if you or a family member or close connection:

* Is employed by the organisation either directly or as a sub-contractor or agent
* Is a director, owner, Board Member, Trustee or has some controlling or financial interest in the organisation
* Holds shares in or has some other financial stake or interest in the success of the organisation
* If there is some other connection or link that a reasonable person could take to create a conflict of interest

**Declaration of Interests**

**Name: ………………………**

**Are you either a director or involved in the management of a contractor or consultant who provides services to any part of the Railway HA?** Yes / No

If you answered yes, please state:

* Name or contractor or consultant
* Position(s) held

**………………………………………………………………………………………….**

**Do you have any close connections with persons who are either a director or involved in the management of a contractor or consultant who provides services to any part of the Railway HA?** Yes / No

If you answered yes, please state:

* Nature of connection
* Name of contractor or consultant
* Position(s) held

**………………………………………………………………………………………….**

**Do you have any other interests in organisations, either paid or not?** Yes / No

If you answered yes, please give details:

**……………………………………………………………………………………….**

**Do you have any connections with a Local Authority either directly, or via a closely connected person?** Yes / No

If you answered yes, please state:

* Nature of connection
* Name of Local Authority
* Position(s) held

**………………………………………………………………………………………….**

**Do you have any connections with anyone who works for any part of the Railway HA?** Yes / No

If you answered yes, please state:

* Name and Job Title of connection
* Connection to you

**……………………………………………………………………………………….**

**Are you a tenant/resident/leaseholder of Railway HA?** Yes / No

**Are there any other issues which may relate to probity which you wish to declare?**

**………………………………………………………………………………………….**

**Signature:** By completing this form and signing or writing your name below, you confirm that to the best of your knowledge and belief, the information you have provided is correct.

Signature: ……………………

Date: ………………………

**Fit & Proper Persons Test**

Please choose the appropriate response for each statement. If you need to add any additional information, use the notes/comments column.

|  |  |  |
| --- | --- | --- |
| 1. **Statement**
 | 1. **Please circle**
 | 1. **Notes/Comments**
 |
| 1. I consider myself to be a person of good character
 | 1. Yes / No
 |  |
| 1. I have the qualifications, skills and experience which are necessary for carrying out the responsibilities of a Board/Committee Member
 | 1. Yes / No
 |  |
| 1. I am capable by reason of my health, after reasonable adjustments are made, of properly performing tasks which are essential to the carrying out of responsibilities of a Board/Committee Member
 | 1. Yes / No
 |  |
| 1. I have not been responsible for, been privy to, contributed to, or facilitated, any misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity, or discharging any functions relating to any office or employment.
 | 1. I have /
2. I have not
 |  |
| 1. I am not disqualified from acting as a Charity Trustee or Company Director or prohibited from the position of a Board/Committee Member under any enactment
 | 1. I am /
2. I am not
 |  |

**Signature:** By completing this form and signing or writing your name below, you confirm that to the best of your knowledge and belief, the information you have provided is correct.

Signature: ……………………

1. Date: ………………………
2. **Eligibility for Board Membership**

No one can become or remain a Board/Committee Member or co-optee at any time if:

* They are disqualified from acting as a director of a company for any reason
* They become bankrupt or make any arrangement or composition with any creditor generally
* They have been convicted of an indictable offence which is not, or cannot be spent
* They are a person in respect of whom by reason of that person’s mental health, a court makes an order which wholly or partially prevents that person from personally exercising any powers to rights which with that person would otherwise have
* They are a person in respect of whom a registered medical practitioner who is treating that person gives a written opinion stating that the person had become physically or mentally incapable of acting as a Board/Committee Member and may remain so for more than three months
* They are on a list which stops them from working with children and vulnerable adults
* They are an employee and their contract of employment with any part of the Railway HA is terminated
* They are a resident and are in material or serious breach of their tenancy agreement, licence or lease with Railway HA and fail to rectify the breach within a reasonable timeframe as agreed with the Railway HA or are subject to any of the following types of court order: anti-social behaviour order or injunction, demoted tenancy or closure order.
* In the case of a Board/Committee Member who was a resident at the time of their appointment, they cease to be a resident (unless the Board has in its absolute discretion resolved that they shall remain as a Board/Committee Member)
* They are a Non-Executive Board Member and they become an employee

**Signature:** By completing this form and signing or writing your name below, you confirm that to the best of your knowledge and belief, none of the restrictions set out above apply to you.

Signature: ……………………

1. Date: ………………………