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Appendix 3 – Gifts, Hospitality and Sponsorship Declaration Form

Please complete in black ink and capital letters

Full Name: DONALD HARTLEY BUXTON
 Position/Role Title: COMMUNITY EDUCATION TRAINER, 22999843
 Organisation/Base: COMMUNITY ENGAGEMENT - HQ
 Contact No: N/A
 Date of Declaration: SUNDAY 22 APRIL 2018

Type	Description, including estimate of value, date of event/item.	Offered by	Accepted / Declined
Gift(s)			
Hospitality including entertainment / travel	Invitation to attend AGM Dinner 2018/04.20 + overnight hotel stay Monarch Hotel, Bridlington value £120	National Operatic & Dramatic Assoc (NODA) North-East Division	Accepted
Sponsorship			

Signed by Name	<i>Donald H. Buxton</i>	Date:	Sunday 22 April 2018
Signed by Approving Manager	<i>[Signature]</i>	Date:	1/5/2018

NB – An electronic signature, sent from your Trust email address, will be regarded as a valid signature.

Document Reference	PO – Standards of Business Conduct Policy & Guidance: Interests, Gifts and Hospitality
Version	3.
Responsible Committee	Trust Management Group
Responsible Director	Chief Executive
Document Owner (title)	Anne Allen, Trust Secretary
Document Lead (title)	Anne Allen, Trust Secretary
Approved by	Trust Management Group
Date Approved	July 2015
Review Date	July 2017
Equality Impact Assessed (yes/no) (full/screening)	Yes (Screening)
Protective Marking	Not protectively marked

Please return to Luke Playford once completed.
Luke.playford@yas.nhs.uk

Luke Playford,
Committee Service Administrator
Springhill 2
Brindley Way
Wakefield
WF2 0XQ

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Appendix 3 – Gifts, Hospitality and Sponsorship Declaration Form

Please complete in black ink and capital letters

Full Name: *Suzanne Hawthorne*
Position/Role Title: *Deputy Director of workforce*
Organisation/Base: *HR, Wakefield*
Contact No: *01924 584005*
Date of Declaration: *6/6/18*

Type	Description, including estimate of value, date of event/item.	Offered by	Accepted / Declined
Gift(s)			
Hospitality including entertainment / travel	<i>HMA Awards Dinner £135 per ticket</i>	<i>Capshicus</i>	<i>Accepted</i>
Sponsorship			

Signed by Name	<i>S Hawthorne</i>	Date:	<i>6/6/18</i>
Signed by Approving Manager	<i>Chel Be</i>	Date:	<i>6/6/18</i>

NB – An electronic signature, sent from your Trust email address, will be regarded as a valid signature.

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Appendix 3 – Gifts, Hospitality and Sponsorship Declaration Form

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Full Name: TRACY LEIGHTON
 Position/Role Title: EOC CALL HANDLING MANAGER
 Organisation/Base: YORKSHIRE AMBULANCE SERVICE / HQ
 Contact No: - 07833 485034
 Date of Declaration: 07.09.18

Type	Description, including estimate of value, date of event/item.	Offered by	Accepted / Declined
Gift(s)	Wetherby Races 4 Complimentary tickets	Wetherby Racecourse	Accepted
Hospitality including entertainment / travel			
Sponsorship			

Signed by Name		Date:	7.9.18
Signed by Approving Manager		Date:	7.9.18.

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Date Approved	July 2015
Review Date	July 2017
Equality Impact Assessed (yes/no) (full/screening)	Yes (Screening)
Protective Marking	Not protectively marked

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Committee Service Administrator
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WF2 0XQ**