

**Commercial Sponsorship Checklist and Approval Form (under £500)**

**Instructions for completion:**

- This form should be completed for all commercial sponsorship arrangements under £500 in value. The form should be completed by the member of staff who has been offered the sponsorship, and should then be passed to their line manager. Provided the answers to all the criteria are 'Yes' or 'NA', the sponsorship can be approved by the line manager, who should then sign the form and send a copy to the Trust Secretary.
- If the answer to any of the questions is 'No', the details of the sponsorship arrangement should be discussed with the line manager.
- For sponsorship arrangements greater than £500 in value, a more detailed 'Major Sponsorship Checklist and Approval Form' should be completed (see Appendix 2).

**Summary of the sponsorship offer**

Name and contact details of the member of staff who is liaising with the potential sponsor(s)	
Name of the potential sponsor(s) and contact details	
Amount of funding offered	
Details of what the funding will be used for	
Benefits to the Trust and/or its patients	
Potential benefits to the sponsor(s)	

**Criteria:**

Does the sponsorship arrangement comply with all aspects of the Trust policy on commercial sponsorship?	Yes / No
If the sponsorship is linked in any way to the use or promotion of particular medicines, is this in line with the recommendations contained within the Trust / Commissioners' Formulary and Guidelines? (If in doubt, please contact the Chief Pharmacist)	Yes / No / NA
If the sponsorship is being offered to facilitate the development of clinical guidelines, protocols, etc., will this be carried out by an appropriate Trust working group that is independent of the sponsor(s)?	Yes / No / NA

**CLP51 - POLICY ON HOSPITALITY, GIFTS AND SPONSORSHIP PROVIDED BY THE PHARMACEUTICAL INDUSTRY AND RELATED SUPPLY COMPANIES, AND CONTACT WITH COMPANY REPRESENTATIVES**

Is the sponsorship arrangement in line with nationally and locally agreed healthcare priorities?	Yes / No / NA
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Signature of person seeking approval for sponsorship: .....

Date: .....

**To be completed by the line manager**

Please sign to confirm that full details of the sponsorship arrangement have been entered on this form and that the answers to the above questions are either 'Yes' or 'NA'.

Sponsorship approved: ..... Date: .....

Name (block capitals): ..... Designation: .....

**Once approval has been given, please send a copy of the signed form to the Trust Secretary**

*The information submitted will be held by EPUT for personnel on other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic format in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in the Register of Interests (and other registers) that the Trust holds.*

I confirm that the information provided above is complete and correct, and is consistent with the requirements of EPUT's Declarations of Interests, Gifts & Hospitality Policy and Procedure. I acknowledge that any changes in these declarations must be notified to EPUT as soon as practical and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, internal disciplinary or professional regulatory action may result.

<b>Name (print)</b>		<b>Signature</b>		<b>Date</b>	
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<b>Job Title</b>	
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**\*I do/do not [delete as applicable] give my consent for this information to be published on registers that EPUT holds. If consent is NOT given, please give reasons**

SAMPLE - DO NOT USE