

# CLP51 - HOSPITALITY, GIFTS AND SPONSORSHIP POLICY

## Appendix 2

### Major Sponsorship Checklist and Approval Form (greater than £500 in value)

#### Instructions for completion:

- This form should be completed for all commercial sponsorship arrangements of more than £500 in value.
- Please answer all relevant questions, and answer 'NA' for those that are not applicable. The questions on the form assume that the majority of sponsorship will be directed towards projects.
- The form should be completed by the member of staff who has lead responsibility for setting up the sponsorship arrangement. Once completed, the form should be checked and approved by the line manager, and then forwarded as follows:

#### Offers of sponsorship greater than £500 but less than £1000 in value

Completed form to be passed to the appropriate Clinical Director or Service Director for final approval. Once approved, a copy should be sent to the Trust Secretary for information.

#### Offers of sponsorship exceeding £1000 in value

Completed form to be passed to the Chief Pharmacist, who will arrange for the proposal to be discussed/approved by the relevant Medicines Management Group.

#### 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	
Details of what the funding will be used for	
Benefits to the Trust and/or its patients, e.g. improvement to services, achievement of NICE/NSF requirements, etc.	
Potential benefits to the sponsor(s)	
Expected start date	
Expected finish date	
Termination arrangements (the agreement should be capable of early termination by the Trust if necessary)	

#### Resources and costs:

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Overall cost of the proposed scheme	
What are the direct and/or indirect resource/cost commitments by the sponsor(s)?	
What are the direct and/or indirect resource/cost commitments by the Trust (if any)?	
How will the resources/costs be monitored and recorded, and how will payment be made?	
Is the sponsorship likely to lead to higher costs elsewhere in the NHS?	
Please provide relevant information on cost effectiveness and value for money in relation to the proposed scheme	

### Governance and management arrangements

Who has been consulted in relation to the project?	
What is the decision-making process for the project?	
What are the operational and management arrangements?	
How does the project relate to, and mesh with, existing systems of care in primary and/or secondary care?	
Has the project been piloted or are there plans to do this? How would this be done?	
Has the project been compared with other similar proposals that may be on offer from alternative sponsors?	
Has the sponsor been given a copy of the trust policy on commercial sponsorship, and agreed to comply?	
Does the project involve the use of protocols or guidelines? If so, who is responsible for producing these?  Please provide details of any protocols or guidelines that will be used.	
If the project directly involves patients, how will they be informed?	

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**Data and patient protection:**

Does the project involve the sharing of clinical data at patient and/or Trust level? If so, please give details	
Are there potential conflicts of interest in relation to access to this data? If so, please give details	
What arrangements have been put in place to ensure that patient confidentiality and patient consent are considered?	
If the project involves the collection of data for research purposes, has it been approved by the relevant research ethics committees? If so, please give details	
Who will have access to the data and in what form?	
How will the data be used?	
For clinical services, what professional indemnity and liability arrangements will be in place?	

Signature of lead person seeking approval for sponsorship: .....

Date: .....

**Once signed, the completed form should be passed to the line manager – see next page**

**To be completed by the line manager:**

(Please complete (a) or (b) below, depending on the value of the sponsorship)

**a) Sponsorship greater than £500 but less than £1000 in value**

Please sign to confirm that the form has been completed as fully as possible, and that the proposal has your support.

Approved by line manager (signature): ..... Date: .....

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

**Once signed by the line manager, this form should be passed to the appropriate Clinical Director or Service Director for final approval.**

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Sponsorship approved by Clinical Director / Service Director:

Signature: ..... Name: ..... Date:.....

**Once final approval has been given, a copy of the signed form should be sent to the Trust Secretary for information.**

**b) Sponsorship greater than £1000 in value**

Please sign to confirm that the form has been completed as fully as possible, and that the proposal has your support.

Approved by line manager (signature): ..... Date: .....

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

**Once signed by the line manager, this form should be passed to the relevant Medicines Management Group for final approval. Please send the form to the Chief Pharmacist, who will arrange for it to be placed on the agenda of the Group.**

<i>The information submitted will be held by EPUT for personnel or 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>					
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>	
<b>Job Title</b>					
*I do/do not [delete as applicable] give my consent for this information to be published on registers that EPUT holds. If consent is <b>NOT</b> given, please give reasons   					

SAMPLE - DO NOT USE