Record of the Employment of Family members with the Support of Commission Funds

This form has been prescribed by the Presiding Officer under Standing Order 3.6. It should be read in conjunction with Standing Order 3 and the Guidance on Recording of the Employment of Family Members with the Support of Commission Funds, which are available on the Internet or from the Table Office. The form contains extracts from the Guidance mentioned above to help Members when completing it. However, you are strongly advised to refer to the full Guidance or seek advice from staff in the Table Office before completing the form.

Members are also reminded that:

You are required to record the employment of family members:

- within eight weeks of taking the oath of allegiance or corresponding affirmation; or
- within four weeks of:
  - the first occasion on which the family member receives a payment with the support of Commission funds,
  - the date on which the employee becomes a family member of that Member or of another Member, or
  - the date when the Member first becomes aware of the fact that the employee is a family member of that Member or of another Member (whichever is the later).

You are required to notify the Table Office of any new interests or any changes to the required information within four weeks of acquiring that interest or of any change occurring.

This form must be signed personally by the Member on each page where an entry is being made and must be delivered in hard copy to the Table Office. Forms will not be accepted if they are delivered by electronic means or are not signed by the Member.
Record of the Employment of Family members with the Support of Commission Funds

**Section 1: Member’s Details:**

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Constituency/ Electoral Region:</td>
<td></td>
</tr>
<tr>
<td>Signed:</td>
<td>Signed:</td>
</tr>
<tr>
<td></td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Section 2: Table Office (for Table Office use only)**

<table>
<thead>
<tr>
<th>Received in the Table Office on:</th>
<th>Signed:</th>
</tr>
</thead>
</table>
Record of the Employment of Family Members

A. Guidance
(N.B. This is an extract of guidance, you are strongly advised to refer to the full Guidance or seek advice from staff in the Table Office before completing the form.

Under Standing Order 3 Members must make a notification of any person that the Member at any time employs, either directly or indirectly, with the support of Commission funds, and who that Member knows to be a family member of that Member or of another Member. Notification must be made within the deadline specified in Standing Order 3.4.

B. Required Information
1. Is this a new registration or an addition or change to an existing entry:
   - New ☐  Addition ☐  Change ☐

2. Is the employee a family member of:
   - Myself ☐  Another Member of the Senedd (or Members) ☐

   If another Member of the Senedd, please provide the name of that Member (or Members):

   ......................................................................................................................................................................................

3. Please provide the following information relating to the employee:
   i) the full name of the employee......................................................................................................................................

   ii) the relationship of the employee to you or, where appropriate to the other Member of the Senedd referred to in 2 above ..............................................................................................................................................

   iii) the capacity in which the employee is employed, including any job title ................................................................................................................................................................................

   iv) the date on which the employment commenced ........................................................................................................

   v) if the employment has ceased, the date on which it ceased: ....................................................................................

   vi) the hours which the employee is contracted to work each week: ........................................................................

C. Additional Information
Please set out below any further information, which you consider to be relevant to this entry

......................................................................................................................................................................................

I confirm that I have familiarised myself with the Guidance on the Recording of the Employment of Family Members.

Signed:    Date: