Declaration of interests

**Name:**

|  |  |  |
| --- | --- | --- |
| **1** | Remunerated Directorship of company(s) (public or private) and business owned personally or in partnership |  |
| 2 | Remunerated employment or offices |  |
| 3 | Remunerated Consultancy (s) |  |
| 4 | Remunerated work performed under contract |  |
| 5 | Names of companies or other bodies in which I have an interest, either on my own account, my spouse or infant children, for a beneficial interest in shareholdings greater than 10% of the share capital |  |
| 6 | Remunerated contributions to professional and scientific publications |  |
| 7 | Membership of other pharmaceutical bodies |  |
| 8 | Other |  |

If in doubt, please declare all interests by emailing the chair so can the nature of the potential declaration of interest can be discussed.

 **Data Protection Act 2018**

The information submitted will be held by Community Pharmacy Halton, St Helens & Knowsley and may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000.

I declare that I have read and understood the Declaration of Interests statement and I am aware that this may result in being required to temporarily stand down from discussions relating to the topic.

I agree to update this document at any time there is a change in my Interests.

Signature:

Date: