## **Declaration of Interests**

Please declare any interests which apply to you or, for pharmacy/NHS related interests only, to a member of your close[[1]](#footnote-1) family or anyone else with whom you have a close personal connection[[2]](#footnote-2).

|  |  |  |
| --- | --- | --- |
| **Category** | **Please give details of any interest that applies to you**  | **Please give details of any pharmacy or NHS-related interests of either a close family member or another close personal connection**  |
| Remunerated directorships of companies (public or private) and businesses owned personally or in partnership |  |  |
| Remunerated employment  | Superdrug Stores plc |  |
| Remunerated consultancies, with list of clients in preceding 12 months |  |  |
| Remunerated contributions to professional or scientific journals or websites etc |  |  |
| Any other remunerated work not covered above |  |  |
| Names of companies or other bodies in which I/my connected person have a shareholding interest greater than 10% of the share capital (either on my own or another’s behalf)  |  |  |
| Names of charities or other not for profit or voluntary organisations that I am involved with |  |  |
| Memberships of professional bodies | General Pharmaceutical Council Pharmaceutical Society of Northern IrelandRoyal Pharmaceutical SocietyCompany Chemists Association Director |  |

Name:
Signed:

Date:

1. Such as spouse/partner, child, parent (or any other close family member) [↑](#footnote-ref-1)
2. Such as business partner [↑](#footnote-ref-2)