Community Pharmacy Cheshire & Wirral LPC

Annual Declaration of Members' Interests

In order to comply with the requirements of the Member Code of Conduct item 6 – Honesty - the following action needs to be completed with regard to Declaration of Interest.

Register of Interests

A loose leaf register will be maintained containing individual declarations (including nil returns) of all Community Pharmacy Cheshire & Wirral LPC members.

The declaration should be completed annually at the April meeting. New members would complete the declaration at their first meeting, and again at the April meeting.

Any changes in interests should also be added to the register as soon as known.

Declaration of Interests

In addition, at each meeting of the committee there will be an agenda item requesting the declaration of interests specific to that agenda. This item would usually follow the apologies for absence. Most usually the declaration would be made verbally and recorded in the minutes of the meeting, but may sometimes be declared before the meeting at the time of the publication of the agenda.

General

The secretary will be responsible for all operational aspects of this guideline on the declaration of interests.

An anonymised register of Interests should be available for public inspection.

CODE OF CONDUCT – DECLARATION OF INTERESTS

Name: _____

Signed: _____ **Date:** _____

1.	**Main employment:** Please give the name and address of your main employer/partnership or indicate if Self-employed.	
2.	**Remunerated Directorships:** Please give details of any company of which you are or have been, an Executive Director or Non-Executive Director in the last 5 years.	
3.	**Other Remuneration:** Please give details of any other sources of remuneration which could cause a conflict in your role as an LPC member.	
4.	**Benefits in kind:** Please give details of any benefits in kind received from pharmaceutical companies in the last 5 years. Exclude articles of low intrinsic value e.g. diaries, pens etc and modest hospitality.	
5.	**Significant Financial Interest:** Names of companies or other bodies in which you have an interest, either on my own account, my spouse or infant children, for a beneficial interest in share holdings greater than the 10% of the share capital	
6.	**Membership of Public Bodies:** Please give the name and address of any Local or Health Service Body of which you are a member or from whom you receive remuneration.	
7.	**Other Organisations:** Please give details of any organisation with which you are involved which could impact on decisions of the committee or your contribution to the decision making process.	