

CODE OF CONDUCT – DECLARATION OF INTERESTS

Name: Adam Irvine



Signed:

Date: 02/04/2025

1.	Main employment: Please give the name and address of your main employer/partnership or indicate if Self-employed.	CPCW
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.	NHS Cheshire & Merseyside ICB, Primary Care Partner Member
3.	Other Remuneration: Please give details of any other sources of remuneration which could cause a conflict in your role as an LPC member.	Various Advisory Boards for pharmaceutical companies – Single, discreet engagements from time to time – normally via Conclusio Associate.
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.	North West Basketball Partnership CIC – member/director