

Name: Sam Arnold

Signed: 

Date: 2/4/25

1.	Main employment: Please give the name and address of your main employer/partnership or indicate if Self-employed.	Rowlands / Phoenix Healthcare Rivington Rd WAT 30J
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.	N/A
3.	Other Remuneration: Please give details of any other sources of remuneration which could cause a conflict in your role as an LPC member.	N/A.
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 eg, diaries, pens etc and modest hospitality.	N/A
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	N/A
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.	N/A
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.	N/A.