



Devon Local Pharmaceutical Committee

Annual Declaration of Members' Interests

To ensure that each member complies with the requirements of a Code of Declaration of Interest, the following actions are required:

Register of Interests

A loose leaf register will be maintained containing individual declarations (including nil returns) of all Devon 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 be added to the register as soon as known.

Declarations of Interest

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 secretariat 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.



DEVON LOCAL PHARMACEUTICAL COMMITTEE

REGISTER OF INTERESTS

2006

Please complete each section as fully as possible. You are also advised to declare interests which relate to your spouse and children. The Register will be held by the Secretary to the Committee. You should notify the Chairman and/or Secretary in writing of any variations to the original entry. In all circumstances, the responsibility for notifying such interests lies with each individual member.

1. MAIN EMPLOYMENT: Please give the name and address of your main employer.

2. SELF EMPLOYMENT: Please give the name and address of any other employer for whom you work. If you work on a self-employment basis this should also be indicated.

3. DIRECTORSHIPS: Please give the name and address of any company of which you are, or have been, an Executive or Non-Executive Director in the last 5 years.

4. SIGNIFICANT FINANCIAL INTERESTS: Please give the name and address of any company or organisation not shown in 3 (above) in which you have (or have had in the last 5 years) an investment of any share capital. Interests which may cause conflict can include owning or being a major shareholder in a company associated with pharmaceuticals or marketing.

5. MEMBERSHIP OF PUBLIC BODIES: Please give the name of any local authority of which you are a member

6. BENEFITS IN KIND RECEIVED FROM PHARMACEUTICAL COMPANIES IN THE LAST 5 YEARS: Exclude 1. Articles of low intrinsic value e.g. diaries or calendars. 2. Modest Hospitality e.g. lunches in the course of working visits, provided that they are on a scale unlikely to be seen as an inducement.

7. OTHER ORGANISATIONS: Please give the name and address of any organisation with which you are involved, (or have been involved in the last 5 years) or to whom you provide paid or unpaid advice, which may be affected by decisions of the committee, or affect your contribution to the decision-making process.

Name - Please print _____

Signature _____ Date _____

Chairman's Signature _____ Date _____