

# Declaration of Interests (PCN)

Name: \_\_\_\_\_

1.	Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership	
2.	Remunerated employment or offices	
3.	Remunerated Consultancy(s)	
4.	Remunerated work performed under contract	
5.	Names of companies or other bodies in which I 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.	Remunerated contributions to professional and scientific publications	
7.	Names of charities, not for profit and/or voluntary sector organisations in the field of health and social care or that contract for NHS services that I or my spouse have involvement with.	
8.	Other sources of income or pecuniary support relevant to my membership of LPC	
9.	Membership of other pharmaceutical bodies	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return by email to [info@cpwy.org](mailto:info@cpwy.org).