

**SOUTH STAFFORDSHIRE LOCAL PHARMACEUTICAL COMMITTEE
CODE OF CONDUCT – DECLARATION OF INTERESTS**

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.	Membership of other pharmaceutical bodies	

I agree to update this document at any time there is a change in my interests

Signed: _____ Date: _____