

## CODE OF CONDUCT – DECLARATION OF INTERESTS

Name: \_\_\_\_\_ **Suzanne Austin** \_\_\_\_\_

Signed: *SBAustin* Date: **23.4.2020**

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| 1. | <b>Main employment:</b><br>Please give the name and address of your main employer/partnership or indicate if Self-employed.   | CPCW   |
| 2. | <b>Remunerated Directorships:</b><br>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.   | None   |
| 3. | <b>Other Remuneration:</b><br>Please give details of any other sources of remuneration which could cause a conflict in your role as an LPC member.  | LPN (Pharmacy) Chair, NHS England and Improvement North<br>Clinical Adviser, NHS England and Improvement North |
| 4. | <b>Benefits in kind:</b> 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.                                   | None   |
| 5. | <b>Significant Financial Interest:</b><br>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 | None   |
| 6. | <b>Membership of Public Bodies:</b><br>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.  | Vice Chair, Governing Body, Malbank High School and Sixth Form College   |
| 7. | <b>Other Organisations:</b> 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.   | GPhC, RPS,   |