

## **Declaration of Interests Form**

Personal details	
Print Name:	
Position:	
Employing organisation	
Category of interest	Details
Direct pecuniary interests	
Personal Family Interests (Indirect pecuniary interests)	
Non-pecuniary interests	
Non-pecuniary personal benefits	
Any other relevant area(s) of interest:	

Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories, this should be declared above.

## I declare that the information I have provided above is true and accurate.

Signed: .....

Date: .....

If in doubt, the individual concerned should assume that a potential conflict of interest exists. In doing so the Chair will take account of the relevance and significance of the declared interest and appropriate action agreed and recorded. It is the responsibility of the Individual to declare any new or changed interests as soon as practically possible. All declarations will be considered lapsed on year after declaration if one off interests.

This information will be held by the secretary of the County Durham and Darlington Area Prescribing Committee. This information may be held in both manual and computer form and may include data covered by Section 2 of the Data Protection Act 1998.

## **Confidentiality Agreement**

All members and attendees agree to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary, to ensure confidentiality is maintained.

I declare that I agreed to abide by these principles of confidentiality.

 Signed:
 Date:

 Please return this form by e mail (as a signed scanned form) to <a href="mailto:rdtc.rxsupp@nuth.nhs.uk">rdtc.rxsupp@nuth.nhs.uk</a> or post to Prescribing Support,

Regional Drug and Therapeutics Centre, 16/17 Framlington Place, Newcastle-upon-Tyne, NE2 4AB