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|  | **Declaration of Interests Form** |  |

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| --- | --- |
| Personal details |  |
| Print Name: |  |
| Position: |  |
| Employing organisation |  |
| Category of interest | **Details** *(include company and date)* |
| **Description** *(include drug name where appropriate)* | **Company** | **Date** |
| Personal Financial Interest  |  |  |  |
| Non-Financial Professional Interest  |  |  |  |
| Non-Financial Personal Interests |  |  |  |
| Indirect interests |  |  |  |
| Gifts or hospitality |  |  |  |
| Training courses (multiple sponsorship) |  |  |  |
| Any other relevant area(s) of interest: |  |  |  |
| Action taken/will be taken to mitigate interest  |  |

**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 Tees Valley Area Prescribing Committee and posted as aggregated data on the APC website. This information may be held in both manual and computer form and may include data covered by the Data Protection Act 2018.

**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: ……………………**