



COMMUNITY PHARMACY

# Lincolnshire

## CODE OF CONDUCT - DECLARATION OF INTERESTS

Name: ROBERT SEVERN

1.	Remunerated Directorship of company(s) (public or private and businesses owned personally or in partnership)	None.
2.	Remunerated employment or Offices	CCA ROWLANDS PHARMACY NOTTINGHAMSHIRE LPC.
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 10% of the capital share	_____
6.	Remunerated contributions to professional and scientific publications	_____
7.	Other sources of income or pecuniary support relevant to my membership of the LPC	_____
8.	Membership of other pharmaceutical bodies	GPRC RPS

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

Date: 15/9/22