

I Lindsey Eubank (Name of COMMUNITY PHARMACY DERBYSHIRE

Committee member) declare that:

1. I have received, or have access to (for example, on the COMMUNITY PHARMACY DERBYSHIRE website www.derbyshirepc.org, or a copy of each of the following COMMUNITY PHARMACY DERBYSHIRE Governance documents, The COMMUNITY PHARMACY DERBYSHIRE:

- a) Constitution
- b) Rules
- c) Code of Conduct
- d) Code of Conduct – Declaration of Interests
- e) Procedure for dealing with unauthorised disclosures
- f) Guidance on the Bribery Act
- g) Guidance on Competition Law Compliance

2. I have read the Code of Conduct and the Procedure for dealing with unauthorised disclosures and agree:

- a) to abide by the Code; and,
- b) to maintain the confidentiality of COMMUNITY PHARMACY DERBYSHIRE information identified as confidential or that might reasonably be expected to be confidential.

3. Confidential COMMUNITY PHARMACY DERBYSHIRE information includes:

- a) confidential personal information (which may be special category or sensitive personal information), confidential financial or pharmacy market sensitive information, and information provided in confidence to COMMUNITY PHARMACY DERBYSHIRE from third parties including, in particular, information from the Department of Health and Social Care, NHS England and NHS Improvement and NHS Business Services Authority, and pharmacy contractors, as well as,
- b) confidential discussions and decisions associated with negotiations and future changes to the Community Pharmacy Contractual Framework and/or associated community pharmacy services.

4. Unauthorised disclosure of confidential COMMUNITY PHARMACY DERBYSHIRE information includes such disclosure to:

- a) the body or company that has appointed me to COMMUNITY PHARMACY DERBYSHIRE (including, for example, senior staff members and colleagues in the organisation), and
- b) contractors who have elected me to COMMUNITY PHARMACY DERBYSHIRE (including, for example, senior staff members and colleagues in the organisation)

Code of Conduct – Declaration of Interests

Code of Conduct – Declaration of Interests

Name:

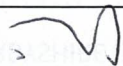
Lindsay Faulstich

1	Remunerated Directorship of companies (public or private) and businesses owned personally or in partnership	<i>GoodLife Pharmacy</i>
2	Remunerated employment or offices	
3	Remunerated Consultants (list all consultants in the preceding 12 months)	
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 shareholdings greater than the 10% of the share capital	
6	Remunerated contributions to professional and scientific publications	
7	Names of charities, not for profit and/or voluntary sector organisations in the field of health and social care or that contract for NHS services that I or my spouse have involvement with.	
8	Other sources of income or pecuniary support relevant to my membership of COMMUNITY PHARMACY DERBYSHIRE	
9	Membership of other pharmaceutical bodies	<i>CPE RPS</i>

In addition, please notify COMMUNITY PHARMACY DERBYSHIRE of any gifts and hospitality over £100 received for non-COMMUNITY PHARMACY DERBYSHIRE activities, which could have a perceived association with COMMUNITY PHARMACY DERBYSHIRE activities.

I confirm my agreement to be bound by the Code of Conduct adopted from time to time by the COMMUNITY PHARMACY DERBYSHIRE

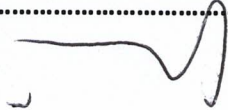
Signed:



Date:

10/7/23

- c) any organisation associated with my appointment or election, for example a pharmacy organisation
 - d) my employer, or any pharmacy contractor, or other organisation with which I may be engaged or associated (including, for example, for example, senior staff members and colleagues in the organisation).
5. I agree to be bound by the COMMUNITY PHARMACY DERBYSHIRE Code of Conduct and in the event that I disclose or facilitate the disclosure of confidential COMMUNITY PHARMACY DERBYSHIRE information when NOT authorised to do so, or fail to maintain its security such that there is an unauthorised disclosure, I agree to cooperate with any COMMUNITY PHARMACY DERBYSHIRE investigation (into the facts and my conduct) and, following investigation, abide by any determination of the COMMUNITY PHARMACY DERBYSHIRE Governance and Audit Committee or any successor body, subject to any internal appeal in accordance with COMMUNITY PHARMACY DERBYSHIRE procedures.
6. I've received a copy of the CPD expense policy and agree to follow the policy in relation to any claims for expenses made

Signed 
 (Name of COMMUNITY PHARMACY DERBYSHIRE Committee member)

Date
 10/7/23