

## CODE OF CONDUCT – DECLARATION OF INTERESTS

**Name:** Jan Nicholls, CO Community Pharmacy Walsall

|    |   |                                       |
|----|---|---------------------------------------|
| 1. | Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership  | <b>Alchymyst Pharmacy Consultancy</b> |
| 2. | Remunerated employment or offices   | <b>None</b>                           |
| 3. | Remunerated Consultancy(s)  | <b>CO Community Pharmacy Walsall</b>  |
| 4. | Remunerated work performed under contract   | As above                              |
| 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 the 10% of the share capital | None                                  |
| 6. | Remunerated contributions to professional and scientific publications   | None                                  |
| 7. | Membership of other pharmaceutical bodies   | None                                  |

I agree to update this document at any time there is a change in my interests.

### CONFIDENTIALITY AGREEMENT FOR CPW MEMBERS/OFFICERS

I understand that as a CPW member/officer I may have sight of or acquire information that will be commercially sensitive or may for other reasons be information that CPW or the pharmacy contractor(s) to whom the information relates would not wish to be communicated to third parties. I acknowledge my obligation to ensure that I do not make use of any such information for purposes other than those of CPW.

I further acknowledge that all information received from or about contractors that relates to their business and financial affairs may not be disclosed to anyone without the express consent of the contractor to whom it relates, in which case the disclosure will be through CPW Chief Officer.

I will make full disclosure to CPW of all appointments or offices held by me and I will consult CPW prior to accepting any appointment or office that may reasonably be thought to be relevant to my membership of CPW.

I, the undersigned, being a member/officer of Community Pharmacy Walsall Committee, agree to be bound by the above Code of Conduct and Confidentiality Agreement.

Signed:



Print Name: Mrs Janet L Nicholls

Date: April 10<sup>th</sup> 2024