

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the Practice Manager as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I ~~do not~~ **delete as applicable** give my consent for this information to be published on registers that the Practice holds. If consent is NOT given please give reasons:

Signed:



Date:

28/11/22

Signed:



Position: Senior Partner

Date:

7/12/22

(Senior Partner)

Please return to the Practice Manager to provide advice, support, and guidance on how conflicts of interest should be managed, and administer associated administrative processes

**Annex B: Template Declaration of interests for Practice Partners and employees**

| <b>Name:</b>                                                        |                                                                                                                              | Dr Julia Baldwin                   |                                                                                                 |  |  |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------|--|--|
| <b>Position within, or relationship with, the Practice:</b>         |                                                                                                                              | Salaried GP                        |                                                                                                 |  |  |
| <b>Detail of interests held (complete all that are applicable):</b> |                                                                                                                              |                                    |                                                                                                 |  |  |
| Type of Interest*<br>*See attachment for details                    | Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest) | Date interest relates<br>From & To | Actions to be taken to mitigate risk<br>(to be agreed with Practice Manager and Senior Partner) |  |  |
|                                                                     | No interests recorded                                                                                                        |                                    |                                                                                                 |  |  |
|                                                                     |                                                                                                                              |                                    |                                                                                                 |  |  |
|                                                                     |                                                                                                                              |                                    |                                                                                                 |  |  |

The information submitted will be held by the Practice for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the Practice holds.