

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

<b>Name:</b>		Dr Pauline Riddett			
<b>Position within, or relationship with, the Practice:</b>		Partner			
<b>Detail of interests held (complete all that are applicable):</b>					
Type of Interest*	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	date	date	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
financial interest	Board member of Connexus	Aug 2020			All decisions made by the Board are ratified by the rest of the Partners as well as the other members of the Confederation
Non-financial professional interest	Co-Director Pontefract & Knottingley Primary Care Network	Aug 19			All decisions made by the Primary Care Network Board are ratified by the rest of the Primary Care Network members
Financial Interest	Shareholder in Novus Health which holds the contract to perform various medical services such as physiotherapy in the Wakefield area	2009			Novus would only be awarded services through strict tendering procedures as laid down by the ICB which allow for fair competition.

*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.*

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

Signed:   
DR RIDDETT

Date: 4/16/2022

Signed:   
(Senior Partner)

Position: Senior Partner

Date: 4/10/2022

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