

## Register of Interests form for Associates and Partners

Name: KINNA PATEL

Associate/Partner group: (e.g. Appeals C'ttee, Visitors etc.) RESERVE LIST - PHARMACIST MEMBER

Date: 2<sup>nd</sup> JULY 2018.

Please enter any interests that you need to declare (or, if you have no interests in a particular category, please write "Nil") in the appropriate boxes below, in accordance with the accompanying guidance. Please continue on a separate sheet if necessary.

### A. Pecuniary interests – direct

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This should include but is not restricted to:

- Any activity for which you are paid, whether or not the activity relates to matters concerning the GPhC, such as:
  - full time or part-time employment of any kind, including paid directorships
  - paid offices held
  - self-employment, such as freelance, contract or consultancy work
  - sponsorship, awards, bursaries, research grants etc.
- Ownership of any company, business or consultancy
- Direct beneficial interests or shareholdings in companies or other bodies that could be perceived as relevant to the GPhC (on your own behalf or on behalf of a spouse or infant children)

### B. Pecuniary interests – indirect and relating closely to GPhC activity

NIL.

Please list all indirect pecuniary interests arising from connections with bodies which have a direct financial interest in matters concerning the GPhC or from being a business partner of, or being employed by, a person with such an interest.

[Please turn over]

**C. Non-pecuniary interests**

NIL

Please list all non-pecuniary interests that relate to unpaid office , membership of or involvement in organisations, associations or other bodies which are regulated in any way by the GPhC or whose activities could be perceived as relevant to the GPhC.

**D. Interests of those close to you**

NIL.

Please list any financial and non-financial interests of close family members and persons living with you that could be thought of as relevant to GPhC activity.

**[Please turn over]**

### E. Professional registration and currency of practice

If you are registered with a relevant profession (for example, registration as a pharmacist/pharmacy technician; legal or medical qualification/certificate of practice), please tell us what it is, and whether your registration is up to date. As well as ensuring compliance with the requirements of our Rules (in some cases, your position will require you to have a current professional registration - for example, if you hold the position of a registrant member or a legally qualified chair on a statutory committee), this will help us to get a better understanding of the range of skills, sector knowledge and experience that we have available to us across our various associate and partner groups.

*(For those associate groups whose registers of interests are published on our website, as a requirement of the Pharmacy Order 2010):*

Please note that the information gathered in this section will NOT be included in what is published on our website.

Are you currently registered as a professional (any profession)?

No

Yes

If No, have you ever been registered as a professional? If you have, please state what and when you ceased to be registered:

If Yes, please complete the following:

Type of profession (pharmacist/pharmacy technician/lawyer/doctor/other - please specify)	PHARMACIST
Registration number (if applicable)	2041203
Sector of CURRENT practice (if applicable, for example, in pharmacy, this might be community, hospital, industry, academia etc.)	ACADEMIA
If you are registered as a professional but not currently practising, please tell us when you stopped practising, and what your sector of practice was before then	

Forms may be returned either electronically or by post, as follows:

*(by post)* Associates and Partners, General Pharmaceutical Council, 25 Canada Square,  
Canary Wharf, London, E14 5LQ

*(by email)* [associates&partners@pharmacyregulation.org](mailto:associates&partners@pharmacyregulation.org)