

# Annual declaration of interests form

## 1. Personal details

Name: Leigh Settrington

Role: FtP Pharmacy Technician

## 2. Direct financial interests

Include any activity for which you are or have been paid within the last five years, whether the activity relates to the work of the GPhC.

Organisation	Role	Employment type	Nature of interest
Parnall Group Ltd	Head of Human Resources	Permanent	Remunerated
	Science Committee		

Is this section accurate?

Yes ☐

No ☒

If you have answered 'no', delete any interests which are no longer relevant and add any new ones in the table above.

## 3. Indirect financial interests

Include any connections with bodies you have, or have had within the last five years, which have a direct financial interest in the work of the GPhC.

Nil

Organisation	Role	Employment type	Nature of interest

Is this section accurate?

Yes ☒

No ☐

If you have answered 'no', delete any interests which are no longer relevant and add any new ones in the table above.

#### 4. Non-financial interests

Include any unpaid office or roles, membership of or involvement in organisations, associations or other bodies in the last five years which are regulated in any way by the GPhC or whose activities could be relevant to the GPhC.

Nil

Organisation	Role	Employment type	Nature of interest
APTUK	Member	NA	

Is this section accurate?

Yes ☐

No ☒

If you have answered 'no', delete any interests which are no longer relevant and add any new ones in the table above.

#### 5. Interests of those close to you

Include any financial and non-financial interests of close family members and people living with you that could be thought of as relevant to the work of the GPhC, within the last five years.

Nil

Organisation	Role	Employment type	Nature of interest

Is this section accurate?

Yes ☒

No ☐

If you have answered 'no', delete any interests which are no longer relevant and add any new ones in the table above.



## 6. Professional registration

Pharmacy Technician

5026912

Please give details of any new registration(s) below.

### New professional registration

Registered title

Registration body

Are you currently practising in this role?

Yes ☐

No ☐

If you have answered 'yes', please give your current registration number

Registration


Give a brief description of the areas you currently practise or specialise in:

Is this section accurate?

Yes ☒

No ☐

If you have answered 'no', change the details of the current listings, or add new ones above.

Signed:  .....

Dated: 06/10/2020 .....