

DECLARATION OF INTERESTS

NAME: Samantha Grieve

1.	Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership	None
2.	Remunerated employment or offices	Regional Pharmacy Manager - Boots
3.	Remunerated Consultancy(s)	None
4.	Remunerated work performed under contract	None
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.	Other sources of income or pecuniary support relevant to my membership of the LPC	None
8.	Membership of other pharmaceutical bodies	GPhC an RPS

Signed:



Date: 16/05/2024