Community Pharmacy Nottinghamshire

CONFIDENTIALITY AGREEMENT FOR LPC MEMBERS

I understand that as an LPC member I may have sight of or acquire information that will be commercially sensitive or may for other reasons be information that the LPC or the pharmacy contractor(s) to whom the information relates would not wish to be communicated to third parties.

I acknowledge my obligation to ensure that I do not make use of any such information for purposes other than those of the LPC. I further acknowledge that all information received from or about contractors that relates to their business and financial affairs may not be disclosed to anyone without the express consent of the contractor to whom it relates, in which case the disclosure will be through the LPC Secretary.

I will make full disclosure to the LPC of all appointments or offices held by me and I will consult the LPC prior to accepting any appointment or office that may reasonably be thought to be relevant to my membership of the LPC.

Signed L Ferguson Date 18/05/2026

Print Name Linda Ferguson

Community Pharmacy Nottinghamshire

CODE OF CONDUCT – DECLARATION OF INTERESTS

Name: Linda Ferguson

	Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership	N/A
	Remunerated employment or offices	PCT Healthcare Limited
	Remunerated Consultancy(s)	N/A
	Remunerated work performed under contract	N/A
	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	N/A
	Remunerated contributions to professional and scientific publications	N/A
	Membership of other pharmaceutical bodies	N/A

I agree to update this document at any time there is a change in my interest

Signed: L Ferguson Date: 18/05/2026