

Name: Ken Ebbens

## DECLARATION OF INTEREST FORM

I as a Board Member of Healthwatch Portsmouth have set out below my interests in accordance with the organisation's conflicts of interest policy<sup>1</sup>.

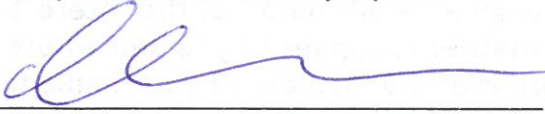
Type of interest	Please give details below of the interest and whether it applies to yourself where appropriate, a member of your immediate family, connected persons or some other close personal connection. <sup>2</sup>
Current employment and any previous employment in which you continue to have a financial interest. Appointments (voluntary or otherwise), e.g. trusteeships, directorships, tribunals etc. Membership of any professional bodies, special interest groups or mutual support organisations.	<p>PACOF LEADER; AXCO I-I-S. LONDON (LIFE ASSURANCE)</p> <p>ON VARIOUS COMMITTEES ETC INCLUDING</p> <ul style="list-style-type: none"> <li>a) PORTSMOUTH CALDWELL VOICE</li> <li>b) WELLBEING</li> <li>c) BETTER CARE</li> <li>d) DEMENTIA ALLIANCE</li> <li>e) PATIENT EXPERIENCE FORUM</li> </ul> <p>f) ROTARY CLUB</p> <p>g) VARIOUS CHARITIES</p>
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests. Gifts or hospitality offered to you by external bodies and whether this was declined or accepted in the last twelve months.	N/A
Any contractual relationship with Healthwatch Portsmouth or another Healthwatch?	NO
Do you use, or care for a user of Healthwatch services?	NO
Any other conflicts that are not covered by the above.	<p>WIFE WORKS FOR COLANT HEALTH AT ST MARK'S / ST JAMES!</p> <p>HOLD NURSE, PHYSICIAN WELLBEING AMH</p>

<sup>1</sup> Please refer to the Healthwatch Portsmouth code of conduct and governance arrangements document for the full policy.

<sup>2</sup> Use the space on page 2 if there is not enough room within the box.

Name: Ken Eggen

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed: 

Position: BOARD (ELECTION) MEMBER

Date: 30/8/16

Please use this space to provide additional information.

Nothing to mind.