

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 policy¹.

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. ²
<p>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>	<p>Employment History: Healthcare services both public, private and charitable areas.</p> <p>Trained psychiatric nurse (Adult and Elderly Care) Trained Student Mentor in Health and Social Care. Trained Teacher and Lecturer in Healthcare and Health Sciences, Marketing and Advertising. Operations Manager for Mental Health Charity with Southwest of London.</p> <p>Volunteer both historic and current: Mensline; PETA (Teacher to Young Children no longer within the schooling system; AgeUK (Social Isolation Forum) Portsmouth City: co-production services for improving area healthcare (Long Term Health) & (Mental Health Wellbeing) Open Reach (Improving awareness to Disability needs throughout the UK)</p>
<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.</p>	<p>None</p>

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

² Use the space on page 2 if there is not enough room within the box.

Name: Peter de Morree-Izard

Any contractual relationship with Healthwatch Portsmouth or another Healthwatch?	None
Do you use, or care for a user of Healthwatch services?	No
Any other conflicts that are not covered by the above.	None

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 of Governors Healthwatch Portsmouth

Date: 27/6/2019