



**Greater Manchester Formulary Subgroup**

**Declaration of Interests Form**



**Print Name:**.....

**Position:**.....

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**Business or commercial interests:**

**Academic, charitable, or voluntary body interests:**

**Any other relevant area(s) of interest:**

**Signed:**.....

**Date:**.....

This information will be held by the secretary of the Greater Manchester Formulary Subgroup. This information may be held in both manual and computer form and may include data covered by Section 2 of the Data Protection Act 1998.