



REGISTER OF MEMBERS' INTERESTS

I **Karen Thompson**, Member of **Skipwith Parish Council** , hereby give notice below of those interests which I am required to declare under:

- The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012; and
- Selby District Council's adopted Code of Conduct.

I understand that in doing so I must also declare, to the best of my knowledge, those interests of the following other 'relevant persons':

- My husband / wife
- My civil partner
- My partner with whom I am living as husband / wife / civil partner

PART 1: DISCLOSABLE PECUNIARY INTERESTS

1.1. Employment, office, trade, profession or vocation:

Please give details of any employment, office, trade, profession or vocation carried on for profit or gain (if not applicable, please state 'None' or 'N/A'):

Name of Employer	Description of Business	Description of Employment or Role
Humber Teaching NHS Foundation trust	NHS service provider: Secondary care & GP practices	Specialist Clinical Pharmacist; Child & adolescent psychiatry
IP & K Thompson Locums	Medical locum/consultants	Partner & past service provision to GP practices
Pontefract Specsavers Ltd	Eye examination/optical retailer	Senior optometrist -eye examination and eye care

1.2. Sponsorship

Please give details of any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any

expenses incurred by the above named Member in carrying out duties as a member, or towards the election expenses of the above named Member

This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992 (if not applicable, please state 'None' or 'N/A'):

Name of Body	Nature of Benefit	Beneficiary (Councillor / Spouse / Civil Partner)
N/A		

1.3. Contracts

Please give details of any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority:

- Under which goods or services are to be provided or works are to be executed; and
- Which has not been fully discharged:

(if not applicable, please state 'None' or 'N/A')

Description of Contract
Currently no active contracts under IP & K Thompson locums Land in Biggin currently let to a farmer based at LS25 6JJ

1.4. Land

Please give details of any beneficial interest in land which is within the area of the relevant authority (e.g. your home address / any other land owned) (if not applicable, please state 'None' or 'N/A'):

Address / Description of Land	Nature of Interest (e.g. home)
Lindisfarne, Skipwith, YO8 5SQ	Home
Biggin, LS25 6HJ, one field- agricultural	Security as below

1.5. Licences

Please give details of any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer (if not applicable, please state 'None' or 'N/A'):

Address / Description of Land	Nature of Licence
N/A	

1.6. Corporate Tenancies

Please give details of any tenancy where (to the above named Member's knowledge):

- The landlord is the relevant authority; and
- The tenant is a body in which the relevant person has a beneficial interest:

(if not applicable, please state 'None' or 'N/A')

Address / Description of Property	Nature of Interest in Property
N/A	

1.7. Securities

Please give details of any beneficial interest in securities of a body where:

- That body (to the above named Member's knowledge) has a place of business or land in the area of the relevant authority; and
- Either:
 - The total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - If the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class

(if not applicable, please state 'None' or 'N/A')

Name of Company / Body
Land- as detailed above

PART 2: OTHER INTERESTS

Please give details of membership of the following:

- Any body to which you have been appointed by the relevant authority
- Any public body
- Any charitable body
- Any political party, trade union, or other body where one of the principle purposes of that body is to influence public opinion or policy:

(if not applicable, please state 'None' or 'N/A')

Name of Body
Member of professional/ regulatory bodies and membership for professional indemnity

General Pharmaceutical Council; Royal Pharmaceutical Society; College of Mental Health Pharmacists; Pharmacy Defence Association (Professional Indemnity and Private Union membership)

PART 3: DECLARATION

I recognise that it is a breach of the Localism Act 2011, and I could be subject to criminal prosecution if I:

- Omit any information that ought to be given in this notice;
- Knowingly provide any information which is materially false or misleading;
- Fail to give further notice, within 28 days of becoming aware of any change to the above declared interests, or of acquiring a new interest.

Signed:

A solid black rectangular box redacting the signature of the declarant.

Date: 06.03.23