

To: State Services Commissioner
State Services Commission
PO Box 329
WELLINGTON 6140

DECLARATION OF INTERESTS

Clause 7.1 of my employment agreement with you requires me to disclose to you any of my interests, or any interests of my immediate family, which may conflict with those of the Crown.

1 I declare that I have the following interests that may conflict with those of the Crown:

Member, NZ College of Public Health Medicine

OR: I declare that I have no interests that may conflict with those of the Crown.

2 I declare that members of my immediate family have the following interests that may conflict with those of the Crown:

(Please disclose both the interest and your relationship to the person holding that interest)

✓ **OR:** I declare that no members of my immediate family have interests that may conflict with those of the Crown.

Signature:



Dr Ashley Bloomfield
Director-General of Health and Chief Executive, Ministry of Health

Date: 2/6/2018