

East of England Development Agency

Statement of Interests of a Board Member

N.B. Please do not leave any section of this form blank. Write "none" if this section does not apply.

Full Name:	Karen Fiona Livingstone	
Paid Employment:		
Name/Address of Employer	Nature of Employment	Dates
East of England NHS Strategic Health Authority Victoria House Capital Park Fulbourn Cambridge CB21 5XB	Director of Strategic Partnerships	Sept 2007 – present

Occupation/Partnership:		
Name/Address of Firm	Nature of Business or Company	Dates
None		

Directors (Executive/Non-Executive):		
Name/Address of Company	Nature of Business or Company	Dates

Anglian GoWarm Eco Innovation Centre, City Road, Peterborough PE1 1SA	community interest company non – remunerated director	November 09 – present
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Consultancies/Sponsorship/Commissions/Pensions/Membership of Clubs and Organisations:		
Name/Address of Business/Organisation or Person	Nature of Business etc	Dates
GMB National Office 22/24 Worpole Road London SW19 4DD		1995 – present
Unite (T&G) Central Office Transport House 128 Theobalds Road London WC1X 8TN		1998 – present
Political Affiliations Labour Party Membership		1985 – present

Financial Interests other than land (e.g. companies or organisations in which you or a close member of your family or a close associate have an interest):
English Partnerships – estranged husband is finance manager based in Milton Keynes

Interests in land (giving details of nature and location of interest)

(1) Land or Property in which both you and the Agency have an interest.

a. Owned property – Bedfordshire MK17

b. Parents home – Cambridgeshire

(1) Any Other Relevant Land or Property Interests:

None

a.

b.

c.

DECLARATION: The information contained in this document is true to the best of my knowledge. I undertake to notify any significant changes to the information contained in this form should any new interests come to light within one month of the change occurring:

Signed:

Date: 07 December 2009

Note: If the space is insufficient under any of the above numbered items, the item concerned can be continued on separate sheets. Each such sheet should be signed and annexed to this form.