



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **16/06/2016**

X599I1VC

Company Name: **INFECTION PREVENTION SOCIETY**

Company Number: **06273843**

Date of this return: **08/06/2016**

SIC codes: **86900**

Company Type: **Private company limited by guarantee exempt under section 60**

Situation of Registered Office: **4 CLYDE BANK COTTAGES HENSTING LANE
FISHERS POND
NR EASTLEIGH
HAMPSHIRE
ENGLAND
SO50 7HH**

Officers of the company

Company Director ***I***

Type: **Person**

Full forename(s): **MR CRAIG WILLIAM**

Surname: **BRADLEY**

Former names:

Service Address: **BLACKBURN HOUSE REDHOUSE ROAD
SEAFIELD
BATHGATE
WEST LOTHIAN
SCOTLAND
EH47 7AQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/09/1982** *Nationality:* **BRITISH**

Occupation: **INFECTION PREVENTION
SPECIALIST NURSE**

Company Director 2

Type: **Person**
Full forename(s): **DR EMMA**

Surname: **BURNETT**

Former names:

Service Address: **BLACKBURN HOUSE REDHOUSE ROAD
SEAFIELD
BATHGATE
WEST LOTHIAN
SCOTLAND
EH47 7AQ**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/01/1972** *Nationality:* **BRITISH**

Occupation: **LECTURER, INFECTION
PREVENTION AND CONTROL**

Company Director 3

Type: **Person**
Full forename(s): **MRS CAROLE ANNE**

Surname: **HALLAM**

Former names:

Service Address: **BLACKBURN HOUSE REDHOUSE ROAD
SEAFIELD
BATHGATE
WEST LOTHIAN
SCOTLAND
EH47 7AQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/11/1956** *Nationality:* **BRITISH**

Occupation: **ASSISTANT DIRECTOR OF IPC**

Company Director 4

Type: **Person**

Full forename(s): **HEATHER PATRICIA**

Surname: **LOVEDAY**

Former names:

Service Address: **AUTUMN HOUSE
BRYANTS BOTTOM
GREAT MISSENDEN
BUCKINGHAMSHIRE
HP16 0JS**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/07/1956**

Nationality: **BRITISH**

Occupation: **LECTURER NURSE**

Company Director **5**

Type: **Person**

Full forename(s): **MRS HELEN LOUISE**

Surname: **O'CONNOR**

Former names:

Service Address: **BLACKBURN HOUSE REDHOUSE ROAD
SEAFIELD
BATHGATE
WEST LOTHIAN
SCOTLAND
EH47 7AQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/10/1958** *Nationality:* **BRITISH**

Occupation: **DEPUTY DIPC / ASSOCIATE
DIRECTOR OF NURSING**

Company Director **6**

Type: **Person**

Full forename(s): **MR PHILIP WILLIAM**

Surname: **PUGH**

Former names:

Service Address: **BLACKBURN HOUSE REDHOUSE ROAD
SEAFIELD
BATHGATE
WEST LOTHIAN
SCOTLAND
EH47 7AQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/05/1964** *Nationality:* **BRITISH**

Occupation: **HEAD OF INFECTION
PREVENTION & CONTROL**

Company Director 7

Type: **Person**

Full forename(s): **MR GARY**

Surname: **THIRKELL**

Former names:

Service Address: **BLACKBURN HOUSE REDHOUSE ROAD
SEAFIELD
BATHGATE
WEST LOTHIAN
SCOTLAND
EH47 7AQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/07/1962** *Nationality:* **BRITISH**

Occupation: **INFECTION PREVENTION NURSE**

Company Director 8

Type: **Person**

Full forename(s): **MISS KAREN DAWN**

Surname: **WARES**

Former names:

Service Address: **BLACKBURN HOUSE REDHOUSE ROAD
SEAFIELD
BATHGATE
WEST LOTHIAN
SCOTLAND
EH47 7AQ**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/10/1977** *Nationality:* **BRITISH**

Occupation: **NURSE CONSULTANT -
HEALTHCARE ASSOCIATED
INFECTION**

Company Director **9**

Type: **Person**
Full forename(s): **DR NEIL ANDREW**

Surname: **WIGGLESWORTH**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/07/1965** *Nationality:* **BRITISH**

Occupation: **NURSE CONSULTANT**

Company Director **10**

Type: **Person**
Full forename(s): **MS JENNIFER**

Surname: **WILSON**

Former names:

Service Address: **90 PINNER PARK AVENUE
HARROW
MIDDLESEX
ENGLAND
HA2 6JU**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/05/1959** *Nationality:* **BRITISH**
Occupation: **IPS BOARD MEMBER**

Company Director 11

Type: **Person**

Full forename(s): **MRS DEBORAH**

Surname: **WRIGHT**

Former names:

Service Address: **19 VICARAGE GARDENS
BURSCOUGH
ORMSKIRK
LANCASHIRE
L40 7UU**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/04/1970** *Nationality:* **BRITISH**

Occupation: **CONSULTANT NURSE**

Company Director 12

Type: **Person**

Full forename(s): **MS DEBORAH MARIA**

Surname: **XUEREB**

Former names:

Service Address: **BLACKBURN HOUSE REDHOUSE ROAD
SEAFIELD
BATHGATE
WEST LOTHIAN
SCOTLAND
EH47 7AQ**

Country/State Usually Resident: **MALTA**

Date of Birth: ****/09/1977** *Nationality:* **MALTESE**

Occupation: **INFECTION CONTROL NURSE**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.