



## DECLARATION

I, the undersigned, Lect. Dr. Reilly Ian, holder of the identity document series:

Health and Care Professions Council – Podiatrist (1988 to date) No. Ch10189

Society of Chiropodists and Podiatrists (1988 to date) No. 11219

Fellow, College of Podiatrists (Surgery) 1997

Completion of Higher Training in Podiatric Surgery 2002

Healthcare Science (University of Staffordshire) 2023

Annotation as a Podiatrist Practising Podiatric Surgery (Huddersfield Uni.) 2021

Circle Three Shires Hospital, Northampton. UK

hereby declare under my own responsibility that I will carry out the following teaching activities in the following subjects, within the Faculty of Biology and Geology, undergraduate study program in *Podiatry*:

1. Chirurgie podiatrică

Name and Surname: Ian N REILLY

Date: 13<sup>th</sup> May, 2025

Signature: