**ACADEMY OF MEDICAL SCIENCES**

**DECLARATION OF FINANCIAL, NON-FINANCIAL**

**AND INDIRECT INTERESTS - COUNCIL MEMBERS**

**Please refer to the associated guidance notes before completing this register entry.**

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| **Name:** |  |

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| **Please list all AMS bodies of which you are a member:** e.g. Council, committees, working groups, panels. Please include your position (e.g. Chair, member).  |
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| **Main form of employment:** name of university and department or other employing body (include location), and your position.   |
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| **Research group/department web page:** provide a link to any relevant web pages for your research group or individual page on your organisation’s web site. |
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**Please give details of any potential conflicts of interests arising out of the following:**

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| 1. **Personal Remuneration:** Include employment, pensions, consultancies, directorships, honoraria.  *See Section 1 of the guidance.* The amounts do **not** need to be declared.

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| If you have no interests to register in this category please tick this box: 🞏  |

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| 1. **Shareholdings and financial interests in companies:** Include the names of companies involved in medical/biomedical research, pharmaceuticals, nutrition/food/drink, biotechnology, healthcare provision and related fields where you have shareholdings or other financial interests. The value of the shares/financial interests **not** need to be declared.  *See Section 2 of the guidance.*
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| If you have no interests to register in this category please tick this box: 🞏  |

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| 1. **Research income during current session (for Council: 1 December 2021 to 30 November 2022):** Declare all sources of research income. This should include in kind contributions. The amount does **not** need to be declared. *See Section 3 of the guidance, particularly for advice on how to report donations from patients and/or their friends or family members.*
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| If you have no interests to register in this category please tick this box: 🞏  |

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| 1. **Un-remunerated involvement with, and/or membership of, any organisation in connection with medical, biomedical, pharmaceutical, medtech, nutrition/food/drink, healthcare provision or science or organisations involved in health policy/communication and similar activities.** This may include non-executive and advisory positions, directorships and other positions of authority. Involvement in ‘pressure groups’ (organisations who are trying to persuade a government or other authority to take a particular action) should be highlighted. *See Section 4 of the guidance.*
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| If you have no interests to register in this category please tick this box: 🞏  |

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| 1. **Political associations:** Any political group association should be declared. *See Section 5 of the guidance.* ***Please note that this section will be redacted before publication*.**
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| If you have no interests to register in this category please tick this box: 🞏  |

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| 1. **Family interests:** Please provide details of any potential conflicts that may arise out of any known interests of immediate family. Please indicate which section [1-5 above] applies. Individuals do **not** need to be identified, either by name or their relationship to you. *See Section 6 of the guidance particularly around your obligations regarding the supply of data about third parties (see also the declaration below).* ***Please note that this section will be redacted before publication.***
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| Where you have no relevant associations to register in this category please tick this box: 🞏  |

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| 1. **Additional information:** Please provide details of any interests not listed in Sections 1-6 that conflict or compete with your participation in the work of the Academy, or that might be considered to be so by a reasonable person. This might include major collaborations or substantial income to your department from the private sector. *See Section 7 of the guidance.*
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| If you have no interests to register in this category please tick this box: 🞏  |

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| **DECLARATION****I agree to update any information given in this notice and declare any interest I acquire after the date of this notice or that ceases to be relevant.** **I agree to highlight the interests on this form, and any other relevant interests, if they become pertinent to my involvement in the business of the Academy.** **I give consent for the contents of this form (with the exception of Section 5 – political associations and Section 6 – family interests) to be published on the Academy’s website.** **I understand that I can withdraw my consent at any time.** **I understand that any personal data that I provide to AMS on this form will be used by AMS in accordance with the terms of the Academy of Medical Sciences’ Privacy Policy available at** [**https://acmedsci.ac.uk/privacy-policy**](https://acmedsci.ac.uk/privacy-policy)**.  By signing this Declaration I confirm to AMS that I have satisfied any obligations that I have under the Academy of Medical Sciences’ Privacy Policy in relation to the personal data I have provided including any data about third parties.****Signed:****Date:**  |