



RCPE Event:

Event Date:

Name of Chair:

Please fill in this form and return it to the Education Coordinator. Please note that the form can be filled in electronically, you do not require an electronic signature, typing your name into the corresponding signature box is equivalent. Please remember to save the form before returning it to the Education Coordinator.

RCPE Declaration of Interest for Chairs

Please declare all benefits accruing to you, as a result of a financial or other relationship with a commercial entity or other organisation, which could be perceived by “a fair minded and informed observer” as influencing your contribution to the event, and which you consider should be declared to the audience. The aim of College policy on declarations of interest is not to limit the involvement of participants with a significant financial or other relationship; rather it is to provide the attendees with information that they can use to assess the significance of any potential conflicts of interest. Please note that interests can be personal or non-personal, specific or non-specific, and current or lapsed as follows:

Personal	Direct personal benefit to the individual, e.g. consultancy, share holdings or individual research funding
Non personal	Indirect benefit - e.g. grants or fellowships within a department
Specific	Directly relevant to the event e.g. funding from the manufacturer of a directly relevant drug or equipment
Non specific	Indirectly relevant to the event e.g. funding from a company that manufactures other drugs or equipment
Current	Within 12 months of the event
Lapsed	Benefit dates from longer than 12 months before the event

Please check one of the following boxes:

I have no conflict of interest or other relationship with a commercial entity or other organisation in relation to my contribution to the event

I have an involvement with one or more organisations that could be perceived as a conflict of interest in the context of my contribution, as follows:

Please enter the name of the organisation, then check the appropriate boxes in the grid below. Please complete a separate grid for each organisation in which you have an interest. *Further grids are to be found on Page 2.*

Name of company/ organisation:									
	Personal/ Specific		Non personal/ Specific		Personal/ Non-specific		Non-personal/ Non-specific		
	Current	Lapsed	Current	Lapsed	Current	Lapsed	Current	Lapsed	
Research									
Shares									
Consultancy									
Other									



Please enter the name of the organisation, then check the appropriate boxes in the grid below. Please complete a separate grid for each organisation in which you have an interest. *Please contact the Education Coordinator if further grids are required.*

Name of company/ organisation:								
	Personal/ Specific		Non personal/ Specific		Personal/ Non-specific		Non-personal/ Non-specific	
	Current	Lapsed	Current	Lapsed	Current	Lapsed	Current	Lapsed
Research								
Shares								
Consultancy								
Other								

Name of company/ organisation:								
	Personal/ Specific		Non personal/ Specific		Personal/ Non-specific		Non-personal/ Non-specific	
	Current	Lapsed	Current	Lapsed	Current	Lapsed	Current	Lapsed
Research								
Shares								
Consultancy								
Other								

Name of company/ organisation:								
	Personal/ Specific		Non personal/ Specific		Personal/ Non-specific		Non-personal/ Non-specific	
	Current	Lapsed	Current	Lapsed	Current	Lapsed	Current	Lapsed
Research								
Shares								
Consultancy								
Other								

Signature:

Date:

The College receives this declaration in good faith. Written declarations are made available to delegates and are published alongside relevant material.

Please be aware that if you fail to complete and sign this form, this fact will be made known to the audience before the start of your session.

Thank you for your co-operation.
Education, Training and Assessment Department, RCPE