

Register of declared private, professional, commercial and other interests

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Please refer to the above guidance before completing this form. All fields MUST be completed. Where you have no relevant interests in a particular section, please enter '**None'** in the register entry.

	Member interests
Name	Terry O'Neill
Employer	KTN
Position	Head of Health
Personal remuneration (e.g. employment, pensions, consultancies, directorships, honoraria) SEE GUIDANCE SECTION 1	KTN
Shareholdings and financial interests in companies	None
SEE GUIDANCE SECTION 2 Sources of research income (over £50k per grant)	None
SEE GUIDANCE SECTION 3 Major academic collaborations	None
SEE GUIDANCE SECTION 4 Unremunerated interests (e.g. involvements with and memberships of biomedical, pharmaceutical, and similar activities/organisations) SEE GUIDANCE SECTION 5	BIA SIAC member EPSRC Health Technologies SAT member Medicines Manufacturing Industry Partnership Governance Board member Future Targeted Healthcare Manufacturing Hub Advisory Board member
Political / pressure group associations	None
SEE GUIDANCE SECTION 6	

Family (declare any potential conflicts that may arise out of any known family interests and indicate which section $(1 - 6)$ would	None
apply.) SEE GUIDANCE SECTION 7	

Declaration

I have read the <u>'MRC Code of Practice for Members of Council and Boards and MRC Policy on Declarations of</u> <u>Interests'</u> and agree to abide by the principles and terms of the Code.

I undertake to declare at meetings on NC3Rs business any private, professional, commercial, financial, political or other interests that might be perceived to conflict with the NC3Rs interests and which have not been listed above. I accordingly agree to update this written declaration on an annual basis over the term of my appointment and provide further interim updates as circumstances change.

I note and accept that the NC3Rs will hold the details I have provided and that these details will be available for public inspection and are subject to inspection by auditors. I note and accept that the information provided here will be published (other than any sections I have identified as being confidential) on the NC3Rs website and that it and will be retained in line with the NC3Rs retention and disposal policy for records.

I hereby declare that the information and record(s) submitted as indicated above is true and correct to the best of my knowledge and belief.

Accept