



Conflicts of Interest Declaration Form

Please refer to the [UKRI Conflicts of Interest Policy](#) before completing this form. All fields must be completed. If there are no relevant interests to declare in a particular section, please enter 'None' on the form.

Name	Details
Primary Role/ Post with NC3Rs	Representative of MMV
Other Roles/ Services provided to NC3Rs and UKRI in addition to primary role	no
Professional memberships or affiliations	European Teratology society BDRP- birth defects research ASTMH- American Society of Tropical Medicine and Health
Appointments, Employment, Directorships and consultancies with other organisations	I work of Medicines for Malaria Venture (MMV)
Roles in organisations receiving NC3Rs and/ or UKRI support where you receive Remuneration/ Benefits in-kind/ other income received.	none
Unremunerated involvement with relevant bodies	none
Direct investments (shareholdings, dependencies and/or other financial interests)	none
Direct investments in organisations receiving NC3Rs and/or UKRI funding and/or support	none
Financial, pecuniary and non-financial links of close family members in above areas	none

I confirm that this is an accurate declaration of my outside interests and those of close family. I understand that failing to make an accurate declaration may be treated as a disciplinary matter by the NC3Rs or lead to termination of my contract with the NC3Rs.

I understand my responsibilities for providing an up-to-date and accurate declaration and confirm that this form captures my outside interests and those of my close family.

I note and accept that the information provided here will be published on the NC3Rs website and that it will be retained in line with the NC3Rs retention policy.

Accept