



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	None
Other Roles/ Services provided to NC3Rs and UKRI in addition to primary role	None
Professional memberships or affiliations	Member of iMPSS
Appointments, Employment, Directorships and consultancies with other organisations	Berlin Institute of Health@Charité Berlin, Germany (primary affiliation) Faculty of Pharmaceutical Sciences, University of British Columbia, Vancouver, Canada Max-Delbrück Center, Berlin, Germany
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