

Application form for the HAI Europe Essay Competition 2012

Personal Information

Name:

Address:

Postal Code:

City:

Country:

Date of birth:

E-mail:

Telephone:

Education status:

() Current student at (give institution):

() Education finished (give year):

Essay Information

Title of Essay:

Word count of Essay (exclusive of title, tables, figures, references):

Your application will only be considered if you fill in the conflict of interests' declaration (see below)

For internal use only, please do not complete

Date received:

Internal Code:

Please fill in this form and return by e-mail to Rose de Groot at rose@haieurope.org

**DISCLOSURE OF POSSIBLE CONFLICT OF INTEREST RELATIONSHIPS IN THE PREVIOUS
TWELVE MONTHS**

I (please print name clearly), am completing this form as an applicant to the HAI Europe Essay Competition 2012.

I receive funding from the following sources (please list completely):

.....
.....

Please tick as appropriate

Neither I, nor any member of my immediate family, have any financial relationship or interest with any proprietary entity producing health care goods or services.

I have, or an immediate family member has, a financial relationship or other beneficial interest with a pharmaceutical company or any other entity with commercial interests that might constitute a conflict of interest to the HAI principles.

Please indicate the relationship(s) below. If you are uncertain about any potential conflict, or believe you may have a conflict of interest not listed, please note in the table below.

- | | |
|---|---|
| <input type="checkbox"/> Directorship | <input type="checkbox"/> Accepting gifts and promotional items |
| <input type="checkbox"/> Research Grants | <input type="checkbox"/> Stock/Bond Holdings (excluding mutual funds) |
| <input type="checkbox"/> Speakers' Bureaus | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Ownership | <input type="checkbox"/> Corporate Partnership |
| <input type="checkbox"/> Consultant for Fee | <input type="checkbox"/> Accepting commercial advertising in publications |
| <input type="checkbox"/> Free Travel | <input type="checkbox"/> Other (please note in table below) |

Please indicate the names of the pharmaceutical or medical devices companies or other organisations with which you have a financial relationship and which may present a conflict of interest. Please also list the nature and extent of any benefit.

Name of company or organisation	Nature and extent of benefit

I declare that this information is correct and no other competing interests are known to me. I undertake to inform the HAI Europe office of any change in these circumstances.

Signature:

Date:

Please fill in this form and return by e-mail to Rose de Groot at rose@haieurope.org