



## Stichting Health Action International Staff Disclosure of Interests

I, Aliénor Devalière, Project Officer, am completing this form to declare interests that could potentially lead to conflict with my work at HAI.

### Please tick as appropriate

- A.  To the best of my knowledge, neither I, nor any member of my immediate family (partner, parent or children), have (or have had in the previous 24 months) any financial relationship or other beneficial interest with a pharmaceutical company or any proprietary entity producing health care goods or services that might constitute a conflict of interests.
- B.  I have, or an immediate family member (partner, parent or children) has (or have had in the previous 24 months), a financial relationship or other beneficial interest with a pharmaceutical company or another proprietary entity producing health care goods or services that might constitute a conflict of interests.

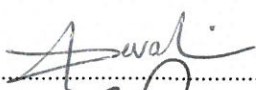
*If you tick B above, please indicate the relationship(s) below. If you are uncertain about any potential conflict of interest, or believe you may have a conflict of interest not listed, please note it in the table below.*

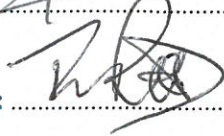
Self	Family Member	Self	Family Member
<input type="checkbox"/>	<input type="checkbox"/> Directorship	<input type="checkbox"/>	<input type="checkbox"/> Accepting gifts and promotional items
<input type="checkbox"/>	<input type="checkbox"/> Research Grants	<input type="checkbox"/>	<input type="checkbox"/> Stock/Bond Holdings (excluding mutual funds)
<input type="checkbox"/>	<input type="checkbox"/> Educational Grants	<input type="checkbox"/>	<input type="checkbox"/> Employment
<input type="checkbox"/>	<input type="checkbox"/> Speakers' Bureaus	<input type="checkbox"/>	<input type="checkbox"/> Corporate Partnership
<input type="checkbox"/>	<input type="checkbox"/> Ownership	<input type="checkbox"/>	<input type="checkbox"/> Consultant for Fee
<input type="checkbox"/>	<input type="checkbox"/> Free Travel	<input type="checkbox"/>	<input type="checkbox"/> Other (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 specify the nature and extent of any benefit.*

Name of company or organisation	Nature and extent of benefit
<i>Continue on a separate sheet as nec.</i>	<i>Continue on a separate sheet as nec.</i>

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

Signature (Staff):  ..... Date: 14/05/2014 .....

Signature (Director):  ..... Date: 14 05. 14 .....

Signature (Chair HAI Foundation Board):  ..... Date: 14/5/14 .....