



Supporting families affected by chronic granulomatous disorder

Register of Interest Form
Member of the Research Advisory Panel

Name:

Position:

Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family, connected persons or some other close personal connection.

- **Current employment and any previous employment in which you continue to have a financial interest**
- **Appointments (voluntary or otherwise), e.g. trusteeships, directorships, local authority membership, tribunals, etc.**
- **Membership of any professional bodies, special interest groups or mutual support organisations**
- **Investments in unlisted companies, partnerships and other forms of business, major shareholdings of more than 2% of issued capital and beneficial interests**
- **Gifts or hospitality offered to you by external bodies in the last 12 months and whether they were declined or accepted**
- **Do you use or care for a user of the organisation's services?**
- **Contractual relationships with the CGD Society charity**

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- **Any other conflicts that are not covered by the above**

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information annually. I give my consent for the information to be used for the purposes described in the Code of Practice and Conflict of Interest Policy and for no other purpose.

Signed:

Date:

Data Protection

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act 1998.

June 2015