Please note that the Appointed Member Candidate Statements and Curricula Vitae of successful candidates (i.e. new members) **will be published on the Cochrane Community website** and will remain on the website against the names of the new members for the duration of their terms on the Board. For this reason, this template must be used; and full addresses, email addresses and/or unencrypted e-signatures excluded. Photographs (including personal headshots) are also not permitted.

Please submit this Appointed Member Candidate Statement in Word format by the stated deadline.

|  |  |
| --- | --- |
| Family name (surname):  |  |
| First name(s):  |  |
| Today’s date:  |  |

You may expand the boxes in providing your answers to the questions below:

|  |
| --- |
| 1. What are your reasons for wanting to become an appointed member of the Governing Board?
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|  |
| 1. What relevant experience do you bring and do you have experience or expertise in one or more of the published list of essential areas of expertise for members of the Governing Board?
 |
|  |
| 1. Is there anything else you would like to say in support of your nomination?
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|  |

Declaration of Interest statement:

Candidates must make a declaration of conflict of interest, including financial or nonfinancial relationships with other organizations, professional relationships to other members of the Board, and other boards she/he may sit on. In writing this statement, candidates should refer to Cochrane’s [conflict of interest policy](http://community.cochrane.org/organizational-info/resources/policies/conflict-interest-policy-cochrane-groups) and the [declarations of existing members of the Board](http://community.cochrane.org/organizational-info/people/conflict-interest/board).

Please answer the following questions:

|  |  |
| --- | --- |
| 1. **Financial interests**

**In the last 10 years, have you:** | **Yes/No (If yes, please provide details)**  |
| a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from Cochrane or a related organization (i.e. any organization related to health care or medical research) to conduct research? |  |
| b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization? |  |
| c) Received honoraria: one-time payments (in cash or kind) from a related organization? |  |
| d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization? |  |
| e) Possessed share-holdings, stock, stock options, equity with a related organization (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)? |  |
| f) Received personal gifts from a related organization? |  |
| g) Had an outstanding loan with a related organization?  |  |
| h) Received royalty payments from a related organization? |  |
| 1. **Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?**
 |  |