Please note that both this Internal Candidate Statement and the Letters of Support you provide **will be published on the Cochrane Community website** during the elections process, and the Internal Candidate Statement 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 document template must be used for candidate statements; and full addresses, email addresses and/or unencrypted e-signatures excluded from Letters of Support. Photographs (including personal headshots) must not be included.

Please submit this Internal Candidate Statement in Word format by the stated deadline. It should be shared beforehand with the two nominators writing your Letters of Support.

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

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

|  |
| --- |
| 1. 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. How have you contributed to Cochrane’s work during your time as a member? |
|  |
| 1. What experience do you have in leadership and/or governance roles within Cochrane and in other relevant contexts? Can you provide examples of successful leadership? |
|  |
| 1. What do you think would make you an effective member of the Board? |
|  |
| 1. How do you see Cochrane developing or changing in the future (i.e., what is your ‘vision’ for Cochrane), and why? |
|  |
| 1. What do you see as the most important issues to be addressed by the Board during your term of office? |
|  |
| 1. For individuals seeking re-election, how have you contributed to the Board during your previous term of office? |
|  |
| 1. Is there anything else you would like to say in support of your nomination? |
|  |

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 three 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?** |  |