**Methods Group Proposal - Declarations of Interest Form**

**Name:**

**Proposed role in the new Cochrane Methods Group:**

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| **1. Financial interests - please answer the questions below in reference to your activities in the past three years** |
| a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from The Cochrane Collaboration or a related organisation (i.e. any organisation related to health care or medical research) to conduct research? |
|  No  Yes |
| b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organisation? |
|  No  Yes |
| c) Received honoraria: one-time payments (in cash or kind) from a related organisation? |
|  No  Yes |
| d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organisation? |
|  No  Yes |
| e) Possessed share-holdings, stock, stock options, equity with a related organisation (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)? |
|  No  Yes |
| f) Received personal gifts from a related organisation? |
|  No  Yes |
| g) Had an outstanding loan with a related organisation? |
|  No  Yes |
| h) Received royalty payments from a related organisation? |
|  No  Yes |

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| **2. Non-financial interests** |
| 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? |
|  No  Yes |