**In line with data protection regulations:**

Personal data provided on page 1 is for EAACI HQ administration purposes only and will not be shared.

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| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Current Position:** |  |
| **Institution Name:** |  |
| **Institution Address:** |  |
|  |  |
| **Telephone:** |  |
| **Email:** |  |
| **EAACI Membership No:** |  |

**In line with data protection regulations:**

Please ensure that no personal data (address, date of birth, contact details) are included in general information pages 2-3.

|  |  |
| --- | --- |
| **Name:** |  |
| **Year of Birth:** |  |
| **Current Position:** |  |
| **Institution Name:** |  |
| **City / Country:** |  |

**Please clearly indicate which ONE position you are applying for:**

|  |  |
| --- | --- |
|  |  |
| **Editor-in-Chief - EAACI Research & Innovation Hub** |  |
|  |  |
| **Deputy Editor - EAACI Research & Innovation Hub** |  |
|  |  |
| **Editor-in-Chief - EAACI Public, Patients & Outreach Hub** |  |
|  |  |
| **Deputy Editor - EAACI Public, Patients & Outreach Hub** |  |
|  |  |
| **Deput Editor - EAACI Knowledge Hub** |  |

**Previous EAACI activities (with dates):**

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**Personal Statement:**

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**Current professional activity:**

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| **Previous professional activities (last five years only):** |
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**Please include your CV below ....**

**EAACI Declaration Form**

With this declaration form personal interests, business interests or other direct or indirect interests that conflict or might potentially conflict with the duties of a member of the ExCom, Section Groups, Interest Groups and Working Groups, Committees (the “**Members**”) shall be disclosed to EAACI.

The Members have a duty to act in the best interest of EAACI, independently of third party interest.

Conflicts of interest and conflicts of loyalty will not necessarily disqualify anyone from being a Member unless clear conflict of interest and/or conflict of loyalty is shown to exist.

Participation of Members in scientific events of other organizations, even when is apparently competing with EAACI, is highly recommendable but need the approval of EAACI’s BoO and the Member is required to always promote the interests of EAACI.

Disclosures using this form are solely for use by EAACI and is considered confidential information. A release of this information within EAACI will be on a need-to-know basis only. A release to external parties will be only when required by law.

Circumstances which might cause a conflict of interest and/or conflict of loyalty are described below.

# CONFLICT OF INTEREST

## Employer / Client / Partner

## Disclosure of the employer if the employer is a company, business, association or other organization which represents commercial manufacturers of medicines, healthcare products, medical devices or similar products or if the employer is a distributor or wholesaler of medicines, healthcare products, medical devices or similar products.

## Disclosure of consulting activities to companies, businesses, associations or other organizations which represent commercial manufacturers of medicines, healthcare products, medical devices or similar products or distribute such products.

## Disclosure of the information that the Member is a partner in companies, businesses, associations or other organizations which represent commercial manufacturers of medicines, healthcare products, medical devices or similar products or distribute such products.

## Disclosure of the information that the Member holds a participation in companies, businesses, associations or other organizations which represent commercial manufacturers of medicines, healthcare products, medical devices or similar products or distribute such products.

## Financial Interests

## Disclosure of information about all commercial interests, other than their employer or their practice, from which the Member or a member of its immediate family (spouse, unmarried partner, parents, siblings, child, stepchild, grandchild) or household receive regular remuneration in any amount (including grants, honoraria, consulting fees, etc) or hold shares which may create or be perceived as a conflict of interest.

## Research Interests

## Disclosures of information about all companies, businesses, associations or other organizations which support research projects for which the Member or a member of its immediate family or household serve as an investigator.

## Organizational Interests

## Disclosure of information about all organizations, other than the EAACI for which the Member holds volunteer-positions.

## Gifts

## Disclosure about all a companies, businesses, associations or other organizations from which the Member or a member of its immediate family or household have received a significant gift that may create or be perceived as a conflict of interest in the last year.

## Other Interests

## Any other interests of the Member or member of its immediate family or household that would be judged by a majority of its peers to be likely to impact the decision and decision making process of the Member within its function in EAACI. This includes any financial interest in or relationship with any manufacturer of a commercial product, and financial interest or relationship with any organization that provides commercial support to EAACI educational activities.

# CONFLICT OF LOYALTY

*Conflict of loyalty would occur in situations where:*

* A Member is appointed to a position on the staff establishment of one of the EAACI’s sponsors.
* Where a family person of a Member is employed by the EAACI office without prior ExCom approval for such appointment, or where the ExCom is deliberately kept unaware of the relationship.
* Where a Member takes up a position with another organization and it is shown that the Member’s interests maybe put at risk, or adversely affected thereby, or the EAACI’s confidential information compromised.

**I confirm that I have read and fully understand the Conflict of Interest and Conflict of Loyalty rules as well as the Code of Ethics with its bylaws and annexes, and hereby declare:**

**That I have no conflict of interest and/or loyalty to declare**

**Declare the following conflicts of interest and / or loyalty**

|  |  |
| --- | --- |
| **Type of Conflict of Interest and / or Loyalty** | **Description** |
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I confirm that, to the best of my knowledge:

1. the information contained in this declaration is complete and accurate; and
2. I am not aware of any conflicts (if any), other than those contained in this declaration.

I undertake to:

1. review this declaration at least once in every 12-month period and update if necessary;
2. update this declaration as and when my circumstances change; and
3. declare promptly any conflict that arises in the future.

|  |  |
| --- | --- |
| Date: | Signature: |
|  | Print Name: |