

Guidelines International Network 2023-2024

31 July 2023

Declaration of Interests

Name, Position (please provide your full name and position/job title): Roberta James, Programme Lead, SIGN					
Activity within the GIN community Trustee					
Employment: SIGN, Healthcare Improvement Scotland					
Direct Financial Interests (declare amounts in own currency, noting the currency)					
Type of interest	Cooperation partner/ source of funding provide name/s	Name / thematic scope of the project / activity	Period of activity indicate 1. current and/or 2. past, within the last 18 months	Value of grant / gift indicate 1. ≤ £1000 2. ≤ £5000 3. > £5000 a) - 10.000 b)- 50.000 c) -100.000 d) >100.000	Recipient indicate 1. you and/or 2. your institution (indirect interest)
Research grants / contracts (restricted or unrestricted)	Stichting Kempenhaeghe (KH) Institution Erasmus+ programme	CoCoCare European Partnership on Competencies for High Value COst CONscious CARE	2	b	2
Advisory boards	n/a				
Consulting / Honoraria	n/a				
Paid authorship	n/a				
Meeting attendance	n/a				
Patents, copyrights, retail licenses, shares	n/a				

Stock options, holdings ¹	n/a				
Indirect Interests					
Type of interest		Additional information			
Membership in a medical society/ professional association/advocacy group		n/a			
Scientific / academic interests		none			
Other					
Is there any other aspect of your background or present circumstances not addressed above that might be perceived as affecting your objectivity or independence?					
No					
To be filled in by Reviewer					
Judgment (no conflict or low relevance/seriousness or high relevance/seriousness):					
Comments:					
Action required:					

Signature:

Date:

¹ Does not apply to managed funds

