# BOARD MEMBERS and OFFICERS of the EUROPEAN BOARD FOR ACCREDITATION IN MEDICAL PHYSICS (EBAMP)

## DECLARATION OF INTERESTS

1. Offices held in a professional body, specialist society, medical charity, or similar body in the public, private or voluntary sector:

 **None** *(please tick box, or list interests below, using attached sheets if necessary)*

1. Consultancies, directorships or advisory positions if they relate to a medical, healthcare or pharmaceutical company or organisation, public body or political party, or any company that seeks work in the healthcare sector:

 **None** *(please tick box, or list interests below, using attached sheets if necessary)*

1. Financial interests in, or other potential sources of income from medical, healthcare or pharmaceutical companies or organisations:

 **None** *(please tick box, or list interests below, using attached sheets if necessary)*

4. Non-personal financial support from industry i.e. payment which benefits a department for which a Director or Officer is responsible, but is not received by the Director or Officer personally (e.g. a grant towards the running of a unit, a Fellowship or other payment to sponsor a post, the commissioning of research or consultancy work etc):

 **None** *(please tick box, or list interests below, using attached sheets if necessary)*

5. Offices held on Boards or in senior positions of employment, consultancies, advisory

 positions with existing or potential suppliers to, or recipients of funds from, EBAMP.

  **None** *(please tick box, or list interests below, using attached sheets if necessary)*

1. Any other public appointments

 **None** *(please tick box, or list interests below, using attached sheets if necessary)*

1. Any other interests which should be declared

 **None** *(please tick box, or list interests below, using attached sheets if necessary)*

**I declare the interests listed above of myself and relevant persons connected to me, and confirm that these interests will not influence my actions as a Director or Officer of EBAMP.**

**I confirm that I have read and understood the Code of Conduct for Directors and Officers of EBAMP, including the Guidance on the Register of Interests.**

**I agree to abide by the Code.**

Signed: ………………………………………………

Name: ……………………………………………… Date:………….