

Disclosure Form

Date:

Name:

Professional details:

Main occupation:

Name of the employer(s):

Please declare any interests here:

Commercial

The existence of any significant financial activity or other relationship the speaker(s) has with:

(a) manufacturer(s) of any commercial product and/or providers of commercial services discussed in an educational presentation

(b) any commercial supporters of the activity

This will apply to any relationships that are in place at the time the presentation will take place or in the past 36 months preceding the education event or preparation of the distance learning material

Director of Newson Health Menopause and Wellbeing Centre

Director of balance app Ltd

Research & Publishing

Received financial compensation for publishing publications from a healthcare company, organisation or marketing company

Director of Newson Health Research and Education (not for profit)

Founder and Trustee of The Menopause Charity

Educational Activities

Financial compensation in relation to training of health professionals or planning training packages

None

Ownerships and possessions in health care companies

e.g. Stockowner of a company (eg. medical devices for care)

Director of Newson Health Menopause and Wellbeing Centre

Expert functions in health care and health guidance processes

E.g. Board member in a development project, member of health board in the municipality

NHS Advisor for the National Menopause Programme

Clinical Committee of IMS

Chair and Board Member of Newson Health Menopause Society

Signature:

Redacted