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| **ERS Conflict of Interest and Confidentiality Agreement forms for task force chairs and members** |

Please complete and tick ☑ the following statements as appropriate.

**A. CHAIR/MEMBER INFORMATION**

1. Task force’s details

Full title:

Chairs’ name:

Number (for approved TF)

2. Personal Information:

Title and name and surname:

**B. CONFIDENTIALITY AGREEMENT**

*The ERS requests that all information related to the content and development of a task force is kept strictly confidential until completion of the reviewing of its Final Document.*

*Task force chairs and members are requested to complete the Confidentiality Agreement within four weeks after acceptance of the project by the ERS Science Council and Executive Committee. The Confidentiality Agreement remains effective until completion of the final document’s reviewing. A notification is sent by the ERS Office to the task force chairs once the Confidentiality Agreement no longer applies.*

I agree and understand that I am not allowed to disclose any information I obtain as task force member to any third party not directly involved.

**C. CONFLICT OF INTERESTS**

1. General Disclosure of Conflicts of Interests

I understand that the intent of this disclosure is not to prevent a task force member or chair with a significant financial or other relationship from participating in task force, but rather to provide other members with information on which they can make their own judgments. It remains for the other task force member and chairs to determine whether my interests or relationships may influence my participation in the project. The ERS does not view the existence of these interests or commitments as necessarily implying bias or decreasing the value of the task force member/chair’s participation. May my situation change during the development of the task force, it is my responsibility to proactively report any new conflict of interest.

**Yes**, I have the following, real or perceived conflicts of interest that relate to this task force. I understand that I have to disclose them to the other task force members during the first meeting or teleconference.

**No**, I have no, real or perceived, conflicts of interest that relate to this task force.

2. Tobacco Industry-related Conflicts of Interests

Please note that ERS does not accept faculty who are or who have been, full or part-time, employees of, or paid consultants to, or those with any real or perceived, direct or indirect links, to the tobacco industry, or who have received any financial or in-kind benefit from the tobacco industry, at any time after **1 January 2000**. Exclusion will also be applied as of **1 January 2020** of persons who have conflicts of interest relating to alternative nicotine delivery products such as e-cigarette and heated tobacco products.

Please select what applies to you:

**NO.** I declare that I have not been full or part time employee of, paid consultant or advisor to /received a grant from the tobacco industry at any time **after 1.1.2000**, for any project or programme nor have I any conflict of interest relating to alternative nicotine delivery products such as e-cigarette and heated tobacco products after **1.1.2020**, nor will a conflict arise before the Task Force for which I am invited to participate in.

**YES.** I declare that I have been a full or part time employee of, paid consultant or advisor to/received a grant from the tobacco industry at any time **after 1.1.2000**, for any project or programme or I have conflicts of interest relating to alternative nicotine delivery products such as e-cigarette and heated tobacco products **after 1.1.2020**.

Signature:               Date:               

**Please return this form to the ERS Headquarters, duly completed and signed to** [guidelines\_statements@ersnet.org](mailto:guidelines_statements@ersnet.org)