



NASRHP
NATIONAL ALLIANCE
OF SELF REGULATING
HEALTH PROFESSIONS

DECLARATION OF INTEREST FORM

Name: _____

Please list the names of organisations or activities you are associated with that may be seen as competing interests:

Employment/ Consultant Fees	Honoraria/Fees for Service	Advisory/Steering Committee Appointments	Investigator- Initiated Research Grants	Travel/conference assistance	Other

I agree to inform NASRHP immediately should there be any change to my circumstances in this area.

Signature: _____

Date: / /

If no competing interests exist, please sign and date:

Currently I have no competing interests to declare.

I agree to inform NASRHP immediately should there be any change to my circumstances in this area.

Signature: _____

Date: / /

Return to NASRHP Delegate via email nasrhp@daa.asn.au