



International Commission on Occupational Health - ICOH
Commission Internationale de la Santé au Travail - CIST

Founded in 1906 as Permanent Commission



ICOH DECLARATION OF INTEREST FORM

**To be completed by all ICOH Officers, Members of the ICOH Board, and Officers of
ICOH Scientific Committees and Networks**

ICOH Officers, Board Members and Officers of ICOH Scientific Committees and Networks may be professionally active in a number of organizations and be asked to serve as consultants or members of advisory committees.

Furthermore, those employed by universities or consulting firms may have grants or financial affiliations that may constitute competing interests. ICOH believes that the best way to deal with such competing interests is to know about them. The purpose of this declaration is therefore to have transparency on competing interests. ICOH's aim is not eradicating competing interests – they are almost inevitable.

A competing interest exists when professional judgement concerning the primary interest of serving ICOH may be influenced by a secondary interest. Even if such secondary interest may be non-economic, we restrict this declaration to financial interests.

All data will be handled and processed in compliance with current international and national regulation on confidentiality matter.

Please complete page 2 and to:

ICOH - Secretariat General
c/o ISPESL
National Institute for Occupational Safety and Prevention
Via Fontana Candida, 1
00040 - Monteporzio Catone (ROME) - Italy
Fax: +39-06-94181556
E-mail: icoh@ispesl.it

TRANSPARENCY DECLARATION FORM



Please answer the following questions:

Have you in the past five years accepted funds for research, or fee for speaking, organizing education or consulting?

Yes	No

If “Yes”, was this from an organization that may gain or lose financially from your position in ICOH matters?

Yes	No

Do you hold any stocks or shares in an organization that may gain or lose from your position in ICOH matters?

Yes	No

Have you in the past five years been employed by an organization that may gain or lose financially from your position in ICOH matters?

Yes	No

Do you have any competing financial interest that could affect your objectivity and independent participation in ICOH activity?

Yes	No

If “Yes” on any of the above questions, please specify:

Types of interest	Name of organization	From (month/year)	To (month/year)

I hereby declare that the information above is correct. I hereby also declare that all in my professional activities including all those declared above is fully committed to follow the ICOH Code of Ethics and best professional practice.

I undertake to inform the ICOH Secretary general of changes in these circumstances.

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Signature

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Name

.....
Affiliation

.....
Position in ICOH

.....
Date and place