



Conference Sessions – CPD Accreditation Application Form

This document should be completed after reading with the **Speaker FAQS**

| PRESENTER Name: Email: Mobile: CONFLICTS OF INTEREST Please disclose any conflicts of interest which may affect the development and delivery of this activity. Tick all that are applicable: have received payment from a commercial organisation (including gifts or other in-kind' compensation) Briefly explain thave received a grant(s) or an honorarium from a commercial organisation Briefly explain thold investments in a commercial organisation Briefly explain thave been/currently am employed by a commercial organisation that may experience financial gain or loss from the information to be present Briefly explain thave been/currently am employed by a commercial organisation that may experience financial gain or loss from the information to be present Briefly explain Please state below any other conflicts of interest: PRESENTER ACKNOWLEDGEMENT Please tick: My contribution to the content for this activity is based on critical evaluation of relevant literature and/or practice based professional evidence when using my own experiences to discuss a topic, I will disclose potential limitations of the evidence to the audience. My contribution to this activity has not been influenced or restricted by any sponsorship arrangement. This activity will be delivered to pharmacists and will be relevant to contemporary pharmacy practice. This activity will be delivered to pharmacists and will be relevant to contemporary pharmacy practice. This activity will be delivered to pharmacists and will be relevant to contemporary pharmacy practice. That I will allow sufficient time for participants to ask questions within the session and also allow follow up on questions to be sent to me by the Events Manager of required. That he information provided is complete and accurate and the session will be delivered as per application and supporting materials submitt have declared all conflicts of interest to participants of this activity. That the information provided is complete and accurate and the s | SESSION DETAILS | | |
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| I have completed this document with the full understanding of my responsibilities in relation to delivering a CPD accredited activity and my typed name acts as my signal. | - | Ill un donat an din a cf 1 100 | |

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