

# Speaker's individual conflict of interest disclosure form

Name of provider: Australian Breastfeeding Association

**Name of program:** 2024 Annual Health Professional Seminar Series – *Breastfeeding: nurturing, nutrition* (live and online)

Program dates: Live – 11 March, 12 March, 15 March, 16 March 2024 Online – 31 March – 31 May 2024.

Please disclose all relationships with entities that are involved in the:

Manufacture, distribution or marketing of infant formula, toddler milks, bottles or teats or related products, or their Foundations.

You are required to disclose all activities which may have been applicable in the last 4 years. If any additional disclosures are required after commencement of the program, they must be disclosed to the Australian Breastfeeding Association Learning and Innovation Team by emailing <u>training@breastfeeding.asn.au</u> within 10 business days.

#### Speaker name:

### **Do you have any conflicts of interest to disclose?** Yes No

### If yes, please list all current conflicts of interest or disclaimers that apply below.

Type of activity	Source of funding (provide sponsor names)
	<b>Description of activity</b> (e.g. title of project)
	Period of activity (provide a date range)
Employment (include all relevant)	
Research grants/contracts	
Paid sponsorship or in-kind support for consulting, speaking fees, honoraria, meeting attendance, travel	
or entertainment	

Membership of advisory or	
governing boards	
Paid authorship	
Any other direct	
relationships with	
organisations involved in	
the manufacture,	
distribution or marketing of	
infant formula, bottles, or	
teats	
Professional memberships	
or associations	
Employment fingnoig	
Employment, financial interests or relationships of	
close family members (if	
relevant).	
Additional information (any	
relevant disclosures not	
covered by the previous	
categories.)	

### Acceptance:

In signing this agreement, I declare that:

- I have read and understood this document.
- I have declared all potential conflicts of interest to the best of my ability.

#### Name:

## Signature:

Date: