

# Application Form

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For Assembly Deputy Head

**The Assembly Deputy Head will commence his or her role as soon as their appointment has been approved by the Executive Committee, and end at the close of the APSR 2023 Singapore Congress.**



1. Please complete this Application form and submit it with **your latest Curriculum Vitae** to [member@theapsr.org](mailto:member@theapsr.org) **no later than 20 January 2022**.
2. Your application form and CV might be seen by other Assembly members. Therefore, your CV should **not include any personal information such as your private email address, home address, birthday, details of family members, etc.**

### I. The post you are applying for

Open position	Eligibility
<b>Bronchoscopy and Interventional Techniques Assembly Deputy Head</b>	Any Ordinary member of the <a href="#">Bronchoscopy and Interventional Techniques Assembly</a>

### II. Name

### III. Country

### IV. Are you a Fellow of the APSR (FAPSR) ?

- Yes
- No

### V. Experience as APSR officer(s) (title or position)

**VI. Personal statement summarizing your background and reasons to be considered for the position you are applying for**

**VII. Reasons for wishing to serve the APSR in the position you are applying for**

**VIII. Your achievements in the past five years (Required only for current committee members or similar important positions)**

**IX. Description of your APSR-related activities in the last ten years**

## X. Declaration of Conflict of Interest

I declare to the APSR that my only interests in the pharmaceutical, medical equipment and tobacco (or alternative nicotine delivery system) industries, and any other interests, which could potentially conflict with my work for the Society, are as follows

The amount of funds received should be recorded in the following sections as a, b, c or d, according to this table:

(a)	(b)	(c)	(d)
Less than U\$1,000	U\$1,001 ~ U\$5,000	U\$5,001~ U\$20,000	more than U\$20,000

### 1. Personal Interest (over the last 12 months)

- No** please skip to the next Declaration of Conflict of Interest item.  
 **Yes** please fill in the below.

Paid Consultancy Work			
Company	Area	Product	Funds received (a, b, c or d)

<b>Personal Benefits</b>		
This section may include fees for lectures or occasional advisory committees from which you benefit personally. Benefits in kind should also be declared.		
Company	Purpose of payment	Funds received (a, b, c or d)

<b>Personal Travel Grants or expenses for conferences etc.</b>		
Travel grants for yourself whether paid directly or indirectly.		
Company	Purpose and Nature of Benefit	Funds received (a, b, c or d)



Shares in any Relevant Companies (excluding mutual funds)	
Company	Approximate value (a, b, c or d)

**2. Non-Personal Interests**

Fees, grants etc, paid to the group or department in which you are personally involved and which are used for research, education, equipment, salaries including benefit in kind and fees for your own work if you do not benefit personally.

- No** please skip to the next Declaration of Conflict of Interest item.
- Yes** please fill in the below.

Company	Nature of Support	Funds received (a, b, c or d)

### 3. Other Interests that may be seen as potential conflicts

For example, commercial interest of spouse or partner; being trustee or member of outside organisations, including lobby groups.

- No** please skip to the next Declaration of Conflict of Interest item.
- Yes** please fill in the below.

Company or organisation	Nature/Purpose of Support

### 4. Tobacco Industry-related Conflict of Interest

Holding office in the Society is not open to persons who are or have been full- or part-time employees of, paid consultants or advisors to, or those with any real or perceived, direct or indirect link to the tobacco industry, at any time after 1 January 2000. This includes receiving assistance at any time after 1 January 2000 from the tobacco industry (or institutions funded by the tobacco industry) for any project or programme. The term “assistance” means any support whether in cash or in kind, and includes equipment, facilities, consumables, travel, personnel, etc. The APSR reserves the right to take appropriate measures to preserve its interests.

- No.** I declare that I have not been full- or part-time employee of, paid consultant or advisor to, or received assistance from the tobacco industry at any time after 1 January 2000, for any project or programme.
- Yes.** I declare that I have been full- or part-time employee of, paid consultant or advisor to, or received assistance from the tobacco industry at some time after 1 January 2000, for a project or programme.

### 5. Pharmaceutical, Equipment or other Commercial Entity Conflict of Interest

APSR Leadership positions are not open to members whose employer is a pharmaceutical, equipment or a commercial entity which may pose a conflict of interest.

- No.** I declare that my employer is not a pharmaceutical, equipment or other commercial entity that may pose a conflict of interest.
- Yes.** I declare that my employer is a pharmaceutical, equipment or other commercial entity that may pose a conflict of interest.

## 6. Agreement

By providing my signature below, I hereby confirm and declare the following three points:

- I have read and understood the entirety of this Application.
- I have truthfully declared my interests above. I accept that any inaccuracies (intentional or otherwise) may automatically disqualify me from holding office in the APSR. I also declare that I will serve the APSR with the highest level of integrity and honesty, bearing in mind to avoid any conflict of interest (real or perceived).
- All information that I have submitted and disclosed to the APSR in this Application is, to the best of my knowledge, true, accurate, and complete.



### Signature

You can paste an image of your signature.

### Print name

### Date