**Declaration of Interests**

The Psychopharmacology Committee has agreed that it would be best practice to ask for full disclosure of potential conflicts of interests from all committee members. We would be grateful, therefore, if you could respond listing any relationships or activities that might influence, or give the appearance of potentially influencing, your fulfilment of this role.

|  |
| --- |
| **Personal pecuniary interest** |
| Description (if you have no interests in this category, state ‘None’) |
| None |
| **Personal family interest** (if you have no interests in this category, state ‘None’) |
| Description |
| None |
| **Non-personal pecuniary interest** (if you have no interests in this category, state ‘None’) |
| Description |
| None |
| **Personal non-pecuniary interest** (if you have no interests in this category, state ‘None’) |
| Description |
| None |

Signature:

Name (*please print*): NATHAN ROUSE

Date: 01/10/2021

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