

### Declaration of Interests: ORGANISATIONS

The James Lind Alliance (JLA) requests that all organisations and individuals in the Acne Priority Setting Partnership who intend to vote for priorities complete this short questionnaire. The JLA strives to maintain a culture of openness and transparency among partner organisations, to encourage dialogue within partnerships and also to meet the requirements of its funders, the National Institute for Health Research and the Medical Research Council. We seek these responses to help us to work most effectively with you, and to maximise your participation in the process.

The aim of this questionnaire is to ensure the following:

- confirmation of shared goals and values
- up-to-date contact details and information on communication preferences
- transparency about any potentially competing interests

In the interests of transparency, this information will be available to all other partners.

Name of your organisation: .....

Postal address: .....

.....

#### A shared vision for the partnership

1. The JLA’s goal is to work with patients and clinicians as equal partners to ‘tackle treatment uncertainties together’. Do your organisation’s aspirations fit with this?

Yes  No

1a. If you answered ‘no’, how do you see your organisation working with the JLA?

#### Practical considerations

2. How will you represent your members’/stakeholders’ views in the prioritisation process?

**3.** Who will be the lead person from your organisation with whom the Acne Priority Setting Partnership can communicate and who will actively participate in the process?

Name: .....

Position: .....

Tel: ..... email: .....

**3a.** Please also nominate a deputy to ensure for succession planning and in the case of absence (this is vital for the final priority setting workshop):

Name: .....

Position: .....

Tel: ..... email: .....

**4.** What is the best way to communicate with your organisation, including sending documents?

Email  Post  Fax  Other: please describe .....

**4a.** Do you have any special requirements? (e.g. large print) .....

**5.** Are there any barriers to your organisation participating fully in the priority setting process? (e.g. limited resources, availability, capacity, etc)

Yes  No

If yes, please explain how the Acne Priority Setting Partnership can best work with you to address this:

Empty rectangular box for providing an explanation.

## Declaring interests

**6.** Does your organisation have any competing interests which could be seen to influence your participation and which you feel we should be aware of?

Yes  No

If yes, please describe how you will manage this.

**7.** Have or do you publicly declare any strong opinions about treatment in this area?

Yes  No

If yes, please explain.

**8.** Does your organisation receive any funding or benefit in kind from organisations or individuals which we should be aware of (e.g. sources of funding which may cause undue influence on your contribution to the prioritisation process)?

Yes  No

If yes, please explain.

**Thank you for taking the time to fill out this form.** Please return it to: Ms Lou Oldham, Department of Dermatology, Harrogate and District NHS Foundation Trust by fax (01423 552403) or email ([elizabeth.oldham@hdft.nhs.uk](mailto:elizabeth.oldham@hdft.nhs.uk)).