



DECLARATION OF INTEREST FORM (JUNE 2025)

For ESVS Executive Committee and ESVS Committee Chairs. To be completed after consulting the Conflict of Interest policy.

Full Name	
Email address	
Date of birth	
Current ESVS position(s) held	
Conflicts of Interest	
Category	Please give details of the interest and whether it applies to yourself, <i>or where appropriate, a connected person, which means parent, spouse or partner and children</i>
Employment (university, hospital, clinic etc.), consultancies, directorships¹	
Membership (and executive positions) of additional professional and/or learned societies¹	
Any additional relationship with ESVS or related societies	
Relevant shareholdings and financial interests (investments)¹	
Personal fees, honoraria, proctoring fees (>€1000 per year²)	
Travel or educational grants (>€500 per year²)	
Grants to your unit (under your direct responsibility) for research, equipment, facilities or staff (>€1000 per year²)	

European Society for Vascular Surgery

275 boulevard Albert 1er, 33130 Begles, France

www.esvs.org

Company limited by guarantee incorporated in England, Company No. 04524120, Charity Registration No. 1093753

Registered Office at: 18 Saxon Way, Romsey, SO51 5PT, United Kingdom

<p>Any other conflict that is not covered by the above. Please consider all manner of potential conflicts including, but not limited to, financial, professional, ethical, legal and compliance.</p>	
<p>Bankruptcy or insolvency proceedings</p>	
<p>Have you either personally or in any Business been declared bankrupt or insolvent or been subject of bankruptcy or proceedings or insolvency proceedings, in the last 5 years?</p>	
<p>'Fit and proper'</p>	
<p>Have you ever been removed from serving as a Charity trustee or been disqualified from serving as a company director?</p>	
<p>Do you confirm that you meet the criteria for being a 'fit and proper person' as defined in the ESVS COI Policy?</p>	

¹Relating to healthcare, pharmaceuticals, health technology or education.

²Funding from a single source in total over period of this declaration

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I hereby grant my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed:

Position:

Date:

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