**[Insert Name] Priority Setting Partnership**

**Steering Group Interests and Privacy Form**

The James Lind Alliance requests that all Steering Group members for the [insert name] Priority Setting Partnership (PSP) complete this short questionnaire. We want to maintain a culture of openness and transparency, to encourage dialogue within partnerships and with the wider research community, and to ensure that all Steering Group members can work together effectively in an environment that is inclusive and respectful of all participants. We are asking these questions to help us 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
* confirmation of agreement to work together as a group respectfully
* up-to-date contact details and information on communication and publicity preferences
* transparency about any potentially competing interests.

For transparency, the information that you provide about your interests in question 7. and 8. will be circulated to all [insert name] Steering Group members.

**A shared vision for the partnership**

**1.** The James Lind Alliance’s goal is to work with patients, carers and clinicians as equal partners in the process. In working with the James Lind Alliance, do you agree with this goal?

Yes  No

**1a.** If you answered ‘no’, how do you see yourself working with the James Lind Alliance?

|  |
| --- |
|  |

**2**. Have you previously taken part in a James Lind Alliance PSP, either as a Steering Group member or by attending a priority setting workshop?

Yes  No

|  |
| --- |
| If you answered yes, please give details of your involvement: |

**Practical considerations**

**3.** Please provide us with up-to-date contact details

Name:

Address:

Telephone:

Email:

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

Email  Post  Other: please describe ………………………………………………

**5.** Do you have any special requirements? (e.g. large print, wheelchair access for meetings, dietary requirements for meetings) ………………………………………….

………………………………………………………………………………………………………………

**6.** Are there any barriers to you participating fully in this priority setting process? (e.g. limited availability, capacity to attend meetings, etc.)

Yes  No

|  |
| --- |
| If yes, please explain how the we can best work with you to address this: |

**Declaring interests**

**7.** Do you have any competing interests that could be seen to influence your participation that you feel we should be aware of? In the interests of transparency, your response to this question will be circulated within the Steering Group.

Yes  No

|  |
| --- |
| If yes, please describe how you will manage this: |

**8.** Have you, or do you publicly declare any strong opinions about this health area? (Please include details of research interests.) In the interests of transparency, your response to this question will be circulated within the Steering Group.

Yes  No

|  |
| --- |
| Please describe: |

**Code of Conduct**

**9.** Do you agree to the Code of Conduct, as described in the Steering Group Terms of Reference?

“It is important that members of the Steering Group work to high personal and professional standards. Steering Group members are expected to:

* behave in a manner which does not bring the PSP or the JLA into disrepute or damage the relationship with Steering Group members, partners and any other stakeholders in the PSP
* maintain confidentiality when sensitive information is shared
* actively support diversity and inclusion and not discriminate against any person.

Everyone involved in the PSP should feel safe, respected and able to contribute fully.”

Yes  No

**Publicity for the PSP**

**10.** The [insert name] PSP will be preparing a publicly available website to promote the priority setting exercise. As a member of the Steering Group for this PSP, it would be helpful if some biographical details of you could be shown on the PSP website. Please provide approximately 50 words for this purpose and attach a photograph. For an example of how details of Steering Group members are shown on a PSP website, please see http://www.jla.nihr.ac.uk/priority-setting-partnerships/mesothelioma/who-was-involved.htm. Please only write down any information that you are happy to share publicly.

|  |
| --- |
| Biography (approximately 50 words): |

**11.** Please indicate below your consent to the personal biography in Section 10 of this form being shown on the PSP’s public facing website, by ticking one of the following:

The [insert name] PSP may show the biography provided in Section 10 above on the publicly available PSP website *(please tick one box below):*

**I agree  I do not agree**

**12.** Please indicate your consent for the photograph(s) supplied with this form to be shown on the PSP’s public facing website, by ticking one of the following:

The [insert name] PSP may show the photograph(s) provided on the publicly available PSP website *(please tick one box below):*

**I agree  I do not agree**

**13.** Please indicate your consent to the personal biography in Section 10 of this form being used for any other publicity material developed in association with this PSP which may include press releases, postcards, posters or reports, by ticking one of the following:

The [insert name] PSP may use the personal biography in Section 10 of this form for any other publicity material developed in association with this PSP, which may include press releases, postcards, posters, reports *(please tick one box below):*

**I agree  I do not agree**

**14.** Steering Group members may be named in the publicly available Protocol document, describing the aims, objectives and commitments of the PSP. Please indicate your consent to your name being included in the Protocol document as being a member of the Steering Group:

The [insert name] PSP may show my name on the Protocol document as being a member of the Steering Group *(please tick one box below):*

**I agree  I do not agree**

**Thank you for taking the time to complete this form.** Please return it to: xxxxxxxxxxx by xxxxxxx