# Healthcare professional details

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| **Name:** |  |
| **Academic Affiliation:** |  |
| **Place of work:** |  |
| **Address:** |  |
| **Email:** |  |
| **Tel:** |  |

# Conflict of interest

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| --- | --- | --- | --- |
| Are you or a family member a Public Official or affiliated with a government department or agency? | **Yes** | | **No** |
| **If Yes, provide:**   * **details of the relevant government or decision-making bodies** * **indicate whether you are involved, or a member of your family is involved** | | | |
|  | | | |
| **Public Official** includes the following:   * any officer or employee of or person acting on behalf of a government department or agency; * any officer or employee of an entity or business that is owned or managed by, or is part of, a government department or agency (excluding employment by public hospital in sole capacity as a healthcare provider); * any officer or employee of public international organisations, such as the United Nations; * any officer or employee of a political party or any person acting in an official capacity on behalf of a political office or candidate for political office; or * any members of a royal family or military. | | | |
| Do you have a role making decisions or advising on the purchase, use of or regulation of medicines or prescribing policy or funding or the provision of healthcare? | **Yes** | **No** | |
| **If Yes, provide details:** | | | |
|  | | | |
| **This would include:**   * **Treatment Guidelines committee member** * **Reimbursement Committee Member such as the PBAC** * **Hospital Formulary Committee** * **Therapeutic Goods Administration** | | | |
| Have you received any pharmaceutical or biotechnology company or other commercial industry support for this congress? | **Yes** | **No** | |
| **If Yes, provide details:** | | | |
|  | | | |
|  | | | |
| Do you have permission from your Head of Department / Employer to attend this congress and receive sponsorship support? | **Yes** | **No** | |
| Have you received support from Gilead over the last three years? | **Yes** | **No** | |

# Congress

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Congress details | | | | | | |
| **Title of Congress** | |  | | | | |
| **Date and Location:** | |  | | | | |
| Type of support requested | | **If requested provide details of support requested** | | | | |
| **Registration** | |  | | | | |
| **Airfare** | |  | | | | |
| **Accommodation** | |  | | | | |
| Gilead cannot provide you with leisure time when travelling to and from the congress for which you are requesting support. For this reason, any flights we will book will usually be immediately before and after the meeting for which you are travelling. | | | | | | |
| Area of Therapy | | | | | | |
| **HIV** | **Liver Diseases** | | **Cell Therapies** | **Oncology** | **Emerging Viruses** | **Antifungals** |

# Reasons to support request

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| Identified healthcare professional education need |
| **Provide a succinct overview (no more than 250 words) of why you wish to attend this congress. Please include reference to all related publications and other work that may be applicable.** |
|  |
| Sharing best practice |
| **Please outline how you propose to share with your peers and colleagues the benefit of knowledge gained at this meeting.** |
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# Agreement

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| --- | --- | --- |
| Attach a copy of your CV to this application | |  |
| I understand that the information that I have provided in this application will be used in accordance with the Privacy Collection Statement set out in item 7 of this form and agree to comply with Gilead’s requests in relation to its transparency and reporting obligations. | |  |
| I confirm that the information in this form is true, correct and complete to the best of my knowledge | |  |
| **Name:** |  | |
| **Position:** |  | |
| **Signature:** |  | |
| **Date:** |  | |

# Submission and Review

Please email a complete and signed copy of this form to [AU.HCP.Sponsorships@gilead.com](mailto:AU.HCP.Sponsorships@gilead.com) if you would like your application to be considered by Gilead.

Applications will be reviewed by Gilead.

Advice on the outcome of Applications will be communicated within 10 Business Days of Gilead’s receipt of this form.

# Privacy collection statement

Gilead Sciences Pty Ltd (ACN 072 611 708) and Gilead Sciences (NZ) (company number 1476178) (together ***Gilead***) is committed to protecting the privacy of your personal information and complies with the Australian Privacy Act 1988 (Cth) and the New Zealand Privacy Act 2020 (as applicable), to ensure that your personal information is protected. Gilead uses its authorised third party service providers, including Eventful Meetings and Events Pty Ltd ACN 159 676 301 (***Eventful***), to facilitate meetings and events, and sponsorship recipient’s attendance at third party events. These service providers may handle your personal information in accordance with their applicable privacy policies for the limited purpose of running Gilead events and supporting a sponsorship recipient’s attendance of a third party event.

From time to time, Gilead may also provide you with marketing material about Gilead's products and services including by email, SMS and telephone call. If you do not want to receive marketing information from Gilead about Gilead products or services, then you can withdraw your consent at any time by contacting Gilead’s Privacy Officer at [AU.Privacy@gilead.com](mailto:AU.Privacy@gilead.com) or by unsubscribing using an unsubscribe facility in an email or SMS.

For more information about how Gilead or Eventful handles your personal information and your rights, please see Gilead's Privacy Policy and Eventful’s Privacy Policy. If you have any further questions about the collection, use and disclosure of your personal information, including if you would like to update or correct your personal information, please contact [AU.Privacy@gilead.com](mailto:AU.Privacy@gilead.com).