

SAMRC BOARD MEMBER ANNUAL DECLARATION OF INTERESTS

Title (Mr/Ms/Professor/Doctor)	Professor
Name & Surname	Bonginkosi Chiliza
Name of primary employer or self -employed	University of KwaZulu-Natal
Position Held	Head of Department (Psychiatry)

I hereby certify that the following information is complete and correct to the best of my knowledge and I hereby declare to have the following interests:

Please provide details of any potential conflicts of interests arising out of the following:

(1) Board Directorships <i>(Please provide the full name of the organisation/institution/entity)</i>	
1.	South African Society of Psychiatrists (SASOP)
2.	
3.	
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10.	
(2) Research Funding <i>(funding you/ your Institution/Organisation is receiving from the SAMRC)</i>	
Title: Psychosis Mapping in Kwazulu-Natal	
Major Goals: This grant will generate data to improve the understanding of psychosis within a sub-Saharan African setting. It will address the incidence rates, clinical presentation, and associated risk factors of psychosis as well as the impact of the social, economic and physical environment on these factors in this setting	
Project Number: MR/S008179/1	
Name of PD/PI: Profs B Chiliza & Jonathan Burns	

Source of Support: South African Medical Research Council/ UK MRC
Primary Place of Performance: South Africa, KwaZulu-Natal, Pietermaritzburg
Project/Proposal Start and End Date: (MM/YYYY) (if available): 01/19 – 10/23 Extended due to COVID

(3) Shareholding/Financial Interests

Only declare interests in companies that provide goods or services to the SAMRC

N/A

(4) Major academic collaborators *[national and international]*

Please declare all significant collaborations outside your primary institution or organisation

Prof. Jonathan Burns – University of Exeter, UK
Prof David Henderson – Boston University, USA

(5) Interests of Close Family Members:

Please provide the full name and relationship (spouse/partner/son/daughter etc.) of immediate family members associated with or employed by an institution/organisation/company that receives funding from the SAMRC or provides goods and services to the SAMRC.

N/A

(6) Sponsorships, Gifts and Hospitality from a source other than a family member

Please include name of entity, description of gift/sponsorship and value

N/A

(7) Any other interests you wish to declare:

None to note

Signature:



Date: 7 November 2022