



INDIVIDUAL HEALTHCARE PROFESSIONAL SUPPORT REQUEST

for an Australian healthcare professional to attend an educational event

Gilead internal use: see BPL-00008 Global Policy on Individual Support to HCPs and BPRC-00064 ANZ Individual Support to HCPs to Attend Third-Party Conferences

Use this form if you are an Australian healthcare professional requesting support from Gilead Sciences Pty Ltd to attend a future national or international educational event (eg, conference or congress) directly related to your area of expertise, qualifications, experience, and educational needs. Please email your completed form and your CV to AU.HCP.Sponsorships@gilead.com. Gilead will consider your request in accordance with internal guidelines, and inform you of the outcome as soon as possible.

Healthcare professional details (you must also attach your CV)

Name	
Job title	
Specialisations	
Academic affiliation	
Place of work	
Address	
Email	
Phone number	

Event details

In accordance with the Medicines Australia Code of Conduct, please provide the following details so that Gilead can consider the educational value of the event, which must align with Gilead's therapy areas.

Event name						
Event location						
Event date						
Event overview, including program highlights and website						
Therapeutic area	HIV	Liver diseases	Haematology	Oncology	Emerging viruses	Invasive fungal infections



Support requested

Please provide details of the types of support that you are requesting, and the estimated cost for each. In accordance with the Medicines Australia Code of Conduct, Gilead cannot: (a) provide support for leisure time, so any airfare and accommodation we will book will usually be as soon as possible before and after the event for which you are travelling; and (b) support costs incurred by any travel companion.

Type of support	Details, including estimated cost
Registration fee	
Airfare <i>Economy in Australia and New Zealand; economy or business class if international over 6 hours</i>	
Accommodation <i>Must not be luxurious or advertised for leisure facilities; nightly limits may apply, which Gilead can confirm depending on country</i>	
Incidental travel costs <i>Eg, parking, taxis etc</i>	

Reasons for providing support

In accordance with the Medicines Australia Code of Conduct, please provide the following details so that Gilead can consider whether there are appropriate reasons for providing support.

Relevance to you (max 250 words)

Outline how the event is directly related to your area of expertise, qualifications, experience, and educational needs. Refer to any related publications and other work.

Sharing best practice (max 250 words)

Outline how you propose to share the medical knowledge you will gain at this event with your peers and colleagues.

Conflict of interest

<p>Are you or a family member a Public Official or affiliated with a government department or agency?</p> <p><i>Public Official includes: 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.</i></p>	<p>Yes</p> <p>No</p>	<p>If Yes, provide details, including the relevant government and agency, and whether you are, or a member of your family is, affiliated:</p>
<p>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?</p> <p><i>This includes involvement in: Treatment Guidelines committee member; Reimbursement Committee Member such as the PBAC; Hospital Formulary Committee; Therapeutic Goods Administration.</i></p>	<p>Yes</p> <p>No</p>	<p>If Yes, provide details:</p>
<p>Have you received or applied for any other industry support for this event, eg from another pharmaceutical or biotechnology company?</p> <p><i>If you receive support from Gilead and other industry support, you must let Gilead know.</i></p>	<p>Yes</p> <p>No</p>	<p>If Yes, provide details:</p>



Have you received support from Gilead over the last three years?	Yes	If Yes, provide details:
	No	

Your Agreement

I have attached a copy of my CV to this application		
I understand that Gilead will handle my personal information in accordance with the below privacy collection notice		
If required, I have the necessary permissions from my employer or institution to apply for this support from Gilead		
I accept the attached Individual Healthcare Professional Support Terms and Conditions		
I consent to receive ongoing educational and marketing material from Gilead (optional)		
Name		
Signature		Date

Privacy collection notice

Gilead handles your personal information in accordance with the Australian Privacy Act 1988 (Cth), New Zealand Privacy Act 2020, our Privacy Policy (www.gilead.com/privacy-statement), and our HCP Privacy Notice (www.gilead.com/privacy-statements/healthcare-professional-privacy-notice), as applicable. This may include collection and disclosure of your sensitive information (eg, any religious dietary preferences) and public disclosure of any transfers of value made to you in accordance with transparency principles. By providing your personal information to us, you consent to Gilead using your personal information for those purposes and any additional purposes notified to you by Gilead. If you have questions about how we handle your personal information, to update your personal information, or to change your preferences or opt out of receiving commercial communications from Gilead, please contact AU.Privacy@gilead.com.

Adverse events related to Gilead products should be reported directly to Gilead on 1800 806 112 (within Australia) or at Safety_FC@Gilead.com.



INDIVIDUAL HEALTHCARE PROFESSIONAL SUPPORT TERMS AND CONDITIONS

1. Terms

You must only submit a Request and accept the Support if You agree to these Terms. By submitting a Request or by accepting the Support, You agree to these Terms unless otherwise agreed in writing by Gilead and signed by the parties.

Gilead is unable to accept all Support Requests received due to the volume of worthy requests. Gilead will only be bound by these Terms if Gilead issues You a Support Acceptance.

These Terms are additional to, and must be read with, Your Request and the Support Acceptance. These Terms apply from the date of the Support Acceptance until 1 year following the end of the Event. Clauses 7 to 13 survive termination or expiration of the Agreement.

2. Purpose of Support

Gilead agrees to provide You the Support set out in the Support Acceptance solely for the Event, in recognition of Your expertise, qualifications, experience, and educational needs directly related to the Event, and Your ability to communicate medical knowledge gained at the Event with Your colleagues and other healthcare professionals in Australia.

Your receipt of Support from Gilead will impose no obligation on You to promote or otherwise encourage the prescription, recommendation, purchase, supply, sale or administration of Gilead products. Gilead is not providing the Support to improperly influence, pay or provide benefits to any government official involved in the prescription, purchase or use of Gilead products.

3. Arrangements for Support

Following the Support Acceptance, Gilead or our third-party service provider will contact you to arrange the Support.

4. Evidence of Event attendance

Within 1 week of the end of the Event, You must send Gilead a letter or email to AU.HCP.Sponsorships@gilead.com which must:

- (a) state the Event name, organiser, location, and dates;
- (b) state Your name, Your role, and Your institution or employer;
- (c) confirm that You attended the Event;
- (d) list the sessions that you attended at the Event which were relevant to Your area/s of expertise, including the date, start and finish time, and details of each session.

5. Medical education

Within 6 months of the end of the Event, You agree to share the medical knowledge that You gain at the Event with Your colleagues and other healthcare professionals by either:

- (a) submitting a written report or paper to Gilead;
- (b) submitting a written report to a relevant medical society and/or academic institution; or
- (c) giving a verbal presentation to your colleagues or healthcare professionals.

Such papers and/or presentations must include a statement acknowledging that Gilead provided You with financial support to attend the Event.

6. Other support

If You receive support to attend the Event from any company or institution other than Gilead, You must let Gilead know in writing.

7. Privacy

Each party must comply with all Privacy Laws for the collection, storage, use and disclosure of Personal Information as required for the parties to comply with their obligations under this Agreement. Each party will be responsible for determining and monitoring its own compliance with all applicable Privacy Laws. Each party must not do anything with any Personal Information collected by it in connection with this Agreement that will cause the other party to breach any Privacy Laws. The parties must co-operate to resolve any privacy complaint relevant to information collected or disclosed under the Agreement.

8. Compliance

All activities and materials generated as a result of the Support must comply with Australian laws and regulations and the Medicines Australia Code, including applicable antibribery laws, fair competition laws, privacy laws, modern slavery laws, and advertising laws relating to medicines, such as the prohibition on advertising prescription only medicines inconsistent with the approved label and uses and to the general public.

The Support will comply with the Medicines Australia Code, including any limits applicable to travel, accommodation and hospitality. You agree to comply with the Medicines Australia Code to the extent applicable to You.

9. Warranties

You warrant that:

- (a) the information in the Request is true, correct, and complete to the best of Your knowledge;
- (b) You have received any permissions required to attend the Event and receive the Support from Gilead;
- (c) performance of this Agreement will not breach any agreements or obligations You have with any third party;



- (d) You are not the subject of any investigation or legal action regarding an offence under any applicable anticorruption laws, regulations or codes of practice including any ethical violation, professional misconduct or negligence; and
- (e) You will disclose to Gilead any conflict of interest arising out of the Support.

10. Transparency

In accordance with the transparency principles of the Medicines Australia Code, Gilead may publicly disclose details of the Support, including the monetary value. This may involve Gilead using, disclosing, and publishing Your Personal Information in accordance with the Privacy provisions of these Terms. You are responsible for obtaining any necessary approvals (eg, from your employer or professional body) for Gilead and its affiliates to collect, use, and disclose this information.

11. Termination

If You do not attend the Event, or You do not apply the Support (in whole or in part) to attend the Event, Gilead may in its discretion:

- (a) terminate the Support and the Agreement; and
- (b) require You to repay any portion of the Support which has not been applied to any non-cancellable costs for the Event.

12. Tax

You are responsible for all tax returns and payments required to be filed with or made with respect to the Support and receipt of funding under this Agreement. Unless otherwise indicated, all Support amounts are expressed as exclusive of GST.

13. Interpretation

In these Support Terms, the following definitions apply unless context requires otherwise:

Agreement means the agreement between You and Gilead, comprising the Support Acceptance, these Terms, and your Support Request. To the extent of any inconsistency, descending priority order will apply to the extent necessary to resolve the inconsistency.

Event means the educational event set out in the Support Request.

Gilead means Gilead Sciences Pty Ltd.

Personal Information has the same meaning as in the *Privacy Act 1988* (Cth).

Privacy Laws means all laws relating to the privacy, confidentiality or use of any information about individuals, including the *Privacy Act 1988* (Cth).

Request means Your completed Individual Healthcare Professional Support Request form, requesting the Support from Gilead for the Event.

Support means the benefit(s) to be provided to You to attend the Event, as set out in the Request and confirmed in the Support Acceptance.

Support Acceptance means the letter or other written communication from Gilead notifying you of its approval of the Support Request.

Terms means these Individual Healthcare Professional Support Terms and Conditions.

You means the healthcare professional named in the Request and Support Acceptance.