Date:	9/10/2021
Your Name:	Maria Lohan
Manuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Manuscript Number (if known):	Not availbale
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if pay made to you or to your institution)			Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	■ None  World Health Organisation  Medical Research Council (UKRI, UK)  Foreign and Commonwealth and Development  Office (UK AID and CEDIL)  Nuffield Trust Foundation  NIHR PHR	All grants made to Institution

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Medical Research Council Global Challenges Research Fund	
3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety	⊠ None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme ered every question and have not altered the wo	

		ICIVIJE DISCLOSURE FO	VIVI
Da	te:	9/13/2021	
Your Name:		Dr Kathryn Gillespie	
Ma	nuscript Title:		omised controlled trial of a school-based relationship g on engaging young men in reducing adolescent ealth
Ma	nuscript Number (if k	nown): Not availbale	
cor affi ind In t	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily		
		e in doubt about whether to list a relationship/activity s/activities/interests should be defined broadly. For o	•
	•	nsion, you should declare all relationships with manufentioned in the manuscript.	acturers of antihypertensive medication, even if
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.			vithout time limit. For all other items, the time
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	□ None  This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01	
1			Click the tab key to add additional rows.

# 2 Grants or contracts from any entity (if not indicated in item

#1 above).

None	

Time frame: past 36 months

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have	nswered every question and have not altered the wording of any of the questions on this form.	

		ICIVISE DISCLOSURE I ON	MIVI		
Date:		9/13/2021			
Your Name:		Áine Aventin	Áine Aventin		
Manuscript Title:			mised controlled trial of a school-based relationship on engaging young men in reducing adolescent lth		
Man	uscript Number (if k	nown): Not available			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.		-for-profit third parties whose interests may be to transparency and does not necessarily			
conto affec	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
epide	emiology of hyperte	os/activities/interests should be defined broadly. For ex nsion, you should declare all relationships with manuface entioned in the manuscript.			
	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.		hout time limit. For all other items, the time		
	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)				
		Time frame: Since the initial planning of	f the work		
	All support for the	□ None			
present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01			
			Click the tab key to add additional rows.		
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item	□ None			
	#1 above).				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
æ	Royalties or licenses	□ None	
4	Consulting fees	□ None	
4	Consulting rees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board,	□ None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	•	e following statement to indicate your agreement your	

ICMJE DISCLOSURE FORM		
Date:	9/10/2021	
Your Name:	Aisling Gough	
Manuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health	
Manuscript Number (if known):	Not availbale	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub  In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned	rt for the work reported in this manuscript without time limit. For all other items, the time	

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the □ None present manuscript (e.g., This research is funded by the funding, provision National Institute for Health of study materials, Research (NIHR) Public Health medical writing, Research programme, grant article processing charges, etc.) number NIHR PHR 15/181/01 No time limit for this item. Click the tab key to add additional rows Time frame: past 36 months Grants or **⊠** None contracts from any entity (if not indicated in item #1 above).

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)		
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

			1011101 21001200111110	••••	
Date:			9/15/2021		
Your Name:			Emily Warren		
Mai	nuscript Title:			omised controlled trial of a school-based relationship g on engaging young men in reducing adolescent alth	
Mai	nuscript Number (if I	known):	Not availbale		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma					
con affe	tent of your manusci ected by the content	ript. "Rela of the ma		· · · · · · · · · · · · · · · · · · ·	
epic		ension, yo	•	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the	□ N•	one		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Natio Rese Rese	research is funded by the nal Institute for Health arch (NIHR) Public Health arch programme, grant per NIHR PHR 15/181/01	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not	⊠ No	ne		

indicated in item #1 above).

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)		
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/13/2021
Your Name:	Ruth Lewis
Manuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Manuscript Number (if known):	Not availbale

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Co-Principal Investigator (2019-20). Condoms and Contraception: Researching Uptake and Motivations (CONUNDRUM). Funders: NHS Greater Glasgow and Clyde, Lanarkshire & Lothian, in partnership with Scottish Government.	

ji		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		None	
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/20/2021
Your Name:	Dr Kelly Buckley
Manuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Manuscript Number (if known):	Not availbale

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		Time frame: Since the initial planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01				
	this item.		Click the tab key to add additional rows.			
		Time frame: past 36 month	ıs			
2	Grants or contracts from	□ None				
	any entity (if not indicated in item #1 above).	Family Recovery after Domestic Abuse (FReDA): A feasibility trial and nested process evaluation of a group based psycho educational intervention for children exposed to domestic violence and abuse. Funded by NIHR PHR programme grant number 127793	Co-Investigator, payment made to Cardiff University			
		Health Pathfinder Evaluation. Funded by Standing Together and Safelives	Co-Investigator, payment made to Cardif University			

ļi		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety	⊠ None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		None	
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

		ICIVIJE DISCLOSURE FORIVI
Date:		9/13/2021
You	r Name:	Theresa McShane
Manuscript Title:		JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Mai	nuscript Number (if k	known): Not availbale
con affe	tent of your manuscrected by the content of	arency, we ask you to disclose all relationships/activities/interests listed below that are related to the ript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily e in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
con affe	tent of your manuscr ected by the content o	rency, we ask you to disclose all relationships/activities/interests listed below that are related to the ript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily e in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
epic	demiology of hyperte	os/activities/interests should be defined broadly. For example, if your manuscript pertains to the nsion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned in the manuscript.
In item #1 below, report all support frame for disclosure is the past 36 r		all support for the work reported in this manuscript without time limit. For all other items, the time see past 36 months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01  Click the tab key to add additional rows.
		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)		
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

	ICIVISE DISCLOSORE I ORIVI				
Date:			9/10/2021		
You	ır Name:		Aoibheann Brennan-Wilson		
Ma	Manuscript Title:			omised controlled trial of a school-based relationship g on engaging young men in reducing adolescent ealth	
Ma	nuscript Number (if	known):	Not availbale		
content of your manuscript. "Related" raffected by the content of the manuscri					
con affe	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
epi	The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.				
	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present		one		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Natio Rese Rese	research is funded by the onal Institute for Health earch (NIHR) Public Health earch programme, grant oer NIHR PHR 15/181/01	Click the tab key to add additional rows.	
			Time frame: past 36 month		
2	Grants or contracts from any entity (if not indicated in item	⊠ No	·		

#1 above).

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)		
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

		ICIVIJE DISCLOSURE FORIVI			
Date:		9/13/2021			
Your Name:		Susan Lagdon			
Manuscript Title:		JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationsh and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health			
Mai	nuscript Number (if	nown): Not availbale			
con affe	tent of your manusc ected by the content	rency, we ask you to disclose all relationships/activities/interests listed below that are related to the pt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be f the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.					
epic	The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.				
	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere		
		Time frame: Since the initial planning of the work			
1	All support for the	□ None			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01  Click the tab key to add additional rows.			
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item	None None			

#1 above).

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)		
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

TOMISE DISCLOSURE FORM			
Date: 9/20/2021			
Your Name: Dr Linda Adara			
Manuscript Title:  JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationary and sexuality education intervention focusing on engaging young men in reducing adolest pregnancy and promoting positive sexual health			
Manuscript Number (if known):	PHR 15/181/01		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the			

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

		ame all entities with whom you have this elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)			
	society, committee or advocacy group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None			
13	Other financial or non-financial interests	None			
Please place an "X" next to the following statement to indicate your agreement:					
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

ICIVIJE DISCLOSURE FORIVI				
e:	9/13/2021			
r Name:	Lisa McDaid			
nuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health			
nuscript Number (if k	nown): Not availbale			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.				
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)			
	Time frame: Since the initial planning of the work			
All support for the	□ None			
manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01  MRC/CSO Social & Public Health Sciences Unit, University of Glasgow (MC_UU_12017/11, SPHSU11; MC_UU_00022/3, SPHSU18)  Click the tab key to add additional rows.			
	Time frame: past 36 months			
Grants or contracts from any entity (if not indicated in item #1 above).	MRC/CSO Social & Public Health Sciences Unit, University of Glasgow (MC_UU_12017/11, SPHSU11; MC_UU_00022/3, SPHSU18)			
	nuscript Title: nuscript Number (if keep interest of transpatent of your manuscript death of your manuscripted by the content of cate a bias. If you are not interest of transpatent of your manuscripted by the content of cate a bias. If you are not interest of transpatent of your manuscripted by the content of cate a bias. If you are not not interest of transpatent of your manuscripted medication is not mean the manuscript of the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item			

ļi		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety	⊠ None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	Monitoring Board or Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		None		
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Please place an "X" next to the following statement to indicate your agreement:					
$\boxtimes$	☑ I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

	ICIVISE DISCLOSURE I ORIVI
Date:	9/14/2021
Your Name:	Rebecca French
Manuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Manuscript Number (if known):	Not availbale
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the sted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.
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•	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	□ None  This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None  Evidence base to inform health service configuration for abortion provision. NIHR HSDR  The development and national pilot of a women's reproductive health tracking survey. PHE	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     Non	
4	Consulting fees	□ None	
		Qualitative research with key stakeholders to explore conditional use of long-acting reversible contraceptives methods for women who have had children taken into care to continue on the Pause programme. Pause	Fee paid to institution (i.e. LSHTM)
5	Payment or	None	
,	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None     ■	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring Board or		
	Advisory Board		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  Chair of the Sexual & Reproductive Health Clinical Studies Group, FSRH/RCOG	Not applicable
11	Stock or stock options	None     ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreeme	
	r certify that i have	answered every question and have not aftered the wo	ruing of any of the questions of this form.

Date: 9/13/2021	
Your Name:	Dr Honor Young
Manuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Manuscript Number (if known):	Not availbale
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.	
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments made to you or to your institution)		
		Time frame: Since the initial planning	of the work
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		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     Non	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs,			
	medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
$\boxtimes$	L certify that I have	answ	ered every question and have not altered the wo	ording of any of the questions on this form

Date:	9/13/2021
Your Name:	Cliona McDowell
Manuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Manuscript Number (if known):	Not available
content of your manuscript. "Rel	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be

affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Support for the sent  nuscript (e.g., ding, provision tudy materials, dical writing, cle processing rges, etc.)  None  Nictu costings covered to the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01		
	this item.		Click the tab key to add additional rows.	
		Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have	nswered every question and have not altered the wording of any of the questions on this form.	

Date:	9/13/2021
Your Name:	Danielle Logan
Manuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Manuscript Number (if known):	Not available

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

Name all entities with whom you have this relationship or indicate none (add rows as need)		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01	NICTU costings covered by NIHR PHR grant  Click the tab key to add additional rows.
		Time frame: past 36 month	,
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)		
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	9/13/2021
Your Name:	Sorcha Toase
Manuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Manuscript Number (if known):	Not availbale
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.	

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01	NICTU costings covered by NIHR PHR grant	
	this item.		Click the tab key to add additional rows.	
		Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or				
	advocacy group, paid or unpaid				
11	Stock or stock options		None		
12	Receipt of equipment,		None		
	materials, drugs, medical writing,				
	gifts or other				
	services				
13	Other financial or non-financial		None		
	interests				
Plea	Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

		ICIVIJE DISCLOSORE FORIVI			
Date:		9/13/2021			
Your Name:		Rachael Hunter	Rachael Hunter		
Manuscript Title:		JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationary and sexuality education intervention focusing on engaging young men in reducing adole pregnancy and promoting positive sexual health			
Mai	nuscript Number (if k	known): Not availbale			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		arency, we ask you to disclose all relationships/activities/interests listed below that are related to ript. "Related" means any relation with for-profit or not-for-profit third parties whose interests mof the manuscript. Disclosure represents a commitment to transparency and does not necessarily e in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Because of the manuscript are not provided in the profession of the manuscript. The profession of the manuscript are not provided in the profession of the manuscript. The profession of the manuscript are not provided in the profession of the manuscript. The manuscript are not provided in the profession of the manuscript. The profession of the manuscript are not provided in the profession of the manuscript. The manuscript are not provided in the profession of the manuscript. The manuscript are not provided in the profession of the manuscript. The manuscript is the profession of the manuscript are not provided in the profession of the manuscript. The manuscript is the profession of the manuscript are not provided in the profession of the manuscript are not provided in the profession of the manuscript are not provided in the profession of the manuscript are not provided in the profession of the manuscript are not provided in the profession of the profe	nay be Y		
con affe	content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
epic	demiology of hyperte	os/activities/interests should be defined broadly. For example, if your manuscript pertains to the ension, you should declare all relationships with manufacturers of antihypertensive medication, enter the manuscript.			
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.		ime			
		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payme made to you or to your institution)	ents were		
		Time frame: Since the initial planning of the work			
1	All support for the	□ None			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01			
this item.		Click the tab key to add additional rows.			
		Time frame: past 36 months			
2	Grants or contracts from	None     Non			
	any entity (if not indicated in item				
	#1 above).				
			1		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)		
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

				••••
Date:			9/13/2021	
Your Name:			Andrea Gabrio	
Ma	Manuscript Title:			omised controlled trial of a school-based relationship g on engaging young men in reducing adolescent alth
Ma	nuscript Number (if I	known):	Not availbale	
content of your manuscript. "Rela affected by the content of the ma				
con affe	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
epic		ension, yo	·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the	□ N•	one	
	funding, provision of study materials, medical writing, article processing  Reservable  Reservable		research is funded by the mal Institute for Health earch (NIHR) Public Health earch programme, grant per NIHR PHR 15/181/01	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not	⊠ No	ne	

indicated in item #1 above).

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		9/14/2021
Your Name:		Mike Clarke
Manuscript Title:		JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Mar	nuscript Number (if k	own): Not available
content of your manuscript. "Rela affected by the content of the ma		ency, we ask you to disclose all relationships/activities/interests listed below that are related to the ot. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
cont affe	tent of your manuscr cted by the content o	ency, we ask you to disclose all relationships/activities/interests listed below that are related to the ot. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
epid	lemiology of hyperte	/activities/interests should be defined broadly. For example, if your manuscript pertains to the sion, you should declare all relationships with manufacturers of antihypertensive medication, even if nationed in the manuscript.
	em #1 below, report ne for disclosure is th	Il support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.
		Name all entities with whom you have this elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work
1	All support for the present	□ None
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01  Click the tab key to add additional rows.
		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None ————————————————————————————————————

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	13/09/2021
Your Name:	Liam O'Hare
Manuscript Title:	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health
Manuscript Number (if known):	Not availbale

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01	research is funded by the onal Institute for Health earch (NIHR) Public Health earch programme, grant	
		Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Da	Date: 9/14/2021				
Your Name: Manuscript Title:		Chris Bonell	Chris Bonell		
			domised controlled trial of a school-based relationship ng on engaging young men in reducing adolescent ealth		
Ma	nuscript Number (if l	known): Not availbale			
cor aff	ntent of your manusci ected by the content	arency, we ask you to disclose all relationships/activit ript. "Related" means any relation with for-profit or r of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activit	not-for-profit third parties whose interests may be ent to transparency and does not necessarily		
cor aff	ntent of your manusci ected by the content	arency, we ask you to disclose all relationships/activit ript. "Related" means any relation with for-profit or r of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activit	not-for-profit third parties whose interests may be ent to transparency and does not necessarily		
epi	idemiology of hyperte	os/activities/interests should be defined broadly. For ension, you should declare all relationships with manulentioned in the manuscript.			
	item #1 below, report me for disclosure is th	all support for the work reported in this manuscript one past 36 months.	without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	g of the work		
1	All support for the present	□ None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01			
			Click the tab key to add additional rows.		
		Time frame: past 36 mont	hs		
2	Grants or contracts from	⊠ None			
	any entity (if not				
	indicated in item				

#1 above).

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
ω	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid	I was a member of the PHR Research Funding Board 18.06.20.13 - 12.06.2019.	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests  None  None		
	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

3 8/26/2021 ICMJE Disclosure Form

		••••	
Date:	9/14/2021	9/14/2021	
Your Name:	Julia V Bailey		
Manuscript Title:	and sexuality education intervention focusing	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health	
Manuscript Number (if kno	wn): Not available		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.			
Na	ame all entities with whom you have this	Specifications/Comments (e.g., if payments were	
	lationship or indicate none (add rows as needed)	made to you or to your institution)	
	Time frame: Since the initial planning	of the work	
1 All support for the present	□ None		
funding, provision	This research is funded by the National Institute for Health		
incarcal writing,	Research (NIHR) Public Health		
	Research programme, grant number NIHR PHR 15/181/01		
No time limit for	IUIIIDEI IVIAK PAK 13/101/01		
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	Time frame: past 36 months	 S	

# Grants or contracts from any entity (if not indicated in item #1 above).

None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     Non	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     ■	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
	_			
12	Receipt of equipment,	$\boxtimes$	None	
	materials, drugs,			
	medical writing, gifts or other services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form			

ICIVISE DISCESSORE I ORIVI					
Date:		9/13/2021			
Your Name:		James White			
Manuscript Title:		and sexuality education intervention focusing	JACK trial: a phase III UK-wide cluster randomised controlled trial of a school-based relationship and sexuality education intervention focusing on engaging young men in reducing adolescent pregnancy and promoting positive sexual health		
Ma	nuscript Number (if kn	own): Not availbale			
corraffe ind In t corraffe ind The epi tha	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		Name all entities with whom you have this elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning			
1	All support for the present	□ None	of the work		
	funding, provision of study materials, medical writing, article processing	This research is funded by the National Institute for Health Research (NIHR) Public Health Research programme, grant number NIHR PHR 15/181/01			
	uns item.		Click the tab key to add additional rows.		
		Time frame: past 36 month	c		

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		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

				T
			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
_	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	12 Receipt of equipment,	$\boxtimes$	None	
	materials, drugs,			
İ	medical writing,			
	gifts or other services			
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			