Date:	10/10/2022	
Your Name:	Ann Cochrane	
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial	
Manuscript Number (if known):	Click or tap here to enter text.	

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.,	None	
	funding, provision of study materials, medical	NIHR Public Health Research Programme (award 16/122/20)	Grant awarded to University of York, through which salary was funded
	writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	hs
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	
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	

		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 ■	
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:	11/10/2022	
Your Name:	Professor Jenny Fleming	
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial	
Manuscript Number (if known):	Click or tap here to enter text.	

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		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	X None	Click the tab key to add additional rows.
	this item.		
		Time frame: past 36 month	hs
2	Grants or contracts from any entity (if not indicated in item	x 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	x None	
4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
13	Other financial or non-financial interests	None	

Date:	23/09/2022
Your Name:	Catherine Hewitt
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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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
	All support for the present manuscript (e.g., funding, provision	□ None	
	of study materials, medical	NIHR Public Health Research programme (award 16/122/20)	Grant awarded to University of York
	writing, article processing		
	charges, etc.) No time limit for		Click the tab key to add additional rows.
	this item.		
		Time frame: past 36 month	is
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	
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	

		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)
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or	None	
	advocacy group, paid or unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing,	None	
	gifts or other services		
13	Other financial or non-financial interests	□ None	
		Member of the NIHR HTA commissioning committee and Deputy Chair during the study	Payments for Deputy Chair role paid to the University of York

	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)
	NIHR CTU Standing Advisory Committee, HTA Post-Funding Committee teleconference, HTA Funding Committee Policy Group (formerly CSG)	Any and all payments are made to the University of York
	Appointed an NIHR Senior Investigator in March 2023	Personal award paid to the University of York

06/10/22

Your Name: Manuscript Title:		Inna Walker		
			An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial	
Mar	nuscript Number (if k	nown): Click or tap here to enter text.		
con affe	tent of your manuscri cted by the content o	rency, we ask you to disclose all relationships/activition pt. "Related" means any relation with for-profit or not fit the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily	
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 were made to you or to your institution)	
		Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g.,	□ None		
	funding, provision of study materials, medical	NIHR	My salary is partly funded by NIHR PHR	
			Click the tab key to add additional rows.	
	writing, article processing charges, etc.) No time limit for this item.			
		Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not	None		

indicated in item #1 above).

Date:

		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	
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	

		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 ■	
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:	06/10/2022
Your Name:	Megan Barlow-Pay
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g.,	None	
	funding, provision of study materials, medical writing, article processing charges, etc.)	My salary is partly funded by money from NIHR funded studies, including NIHR PHR.	
	No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	x 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)
æ	Royalties or licenses	x None	
4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
13	Other financial or non-financial interests	⊠ None	

Date:	23/09/2022
Your Name:	Alison Booth
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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.

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g.,	□ None	
	funding, provision of study materials, medical	NIHR Public Health Research programme (award 16/122/20)	Grant awarded to University of York
	writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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)
æ	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	

		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 ■	
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:	23/09/22	
Your Name:	Caroline Chapman	
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial	
Manuscript Number (if known):	Click or tap here to enter text.	

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			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)
			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.)	X	None	Click the tab key to add additional rows.
	this item.			
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item	Х	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)
w	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	None ■ None None	

Date:	23/09/2022	
Your Name:	Emma Filby	
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial	
Manuscript Number (if known):	Click or tap here to enter text.	
	e ask you to disclose all relationships/activities/interests listed below that are related to the	

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		Time frame: Since the initial planning	g of the work
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		Time frame: past 36 mont	hs
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)
æ	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	

		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 ■	
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: \[\sum \text{I certify that I have answered every question and have not altered the wording of any of the questions on this form.}		

Date:	23/09/2022
Your Name:	Alex Mitchell.
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g.,	□ None	
	funding, provision of study materials, medical		My salary is partly funded by money from NIHR- funded studies, including NIHR PHR.
	writing, article processing charges, etc.) No time limit for this item.		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 ■	

		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	
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	

		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 ■	
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:	23/09/2022
Your Name:	Sara Morgan
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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	Time frame: Since the initial pla	nning of the work
All support for the present manuscript (e.g.,	□ None	
of study	NIHR	My salary is partly funded by money from NIHR-funded studies, including NIHR PHR.
materials, medical writing, article processing charges, etc.) No time limit for this item.		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).	None	
	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	Time frame: Since the initial plate All support for the present

		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	
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	

		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 ■	
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:	23/09/2022	
Your Name:	Julie Parkes	
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial	
Manuscript Number (if known):	Click or tap here to enter text.	

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		·	
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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision	□ None	
	of study materials, medical	NIHR	Study was funded by NIHR PHR and my time was costed in
	writing, article processing		
	charges, etc.) No time limit for		Click the tab key to add additional rows.
	this item.		
		Time frame: past 36 month	os .
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	
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	

		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)
8	Patents planned, issued or pending	⊠ None	
9	Participation on		
9	Participation on a Data Safety Monitoring Board or	⊠ None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	⊠ None	
	committee or advocacy group,	UK Faculty of Public Health	Director of Training (unpaid)
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing,	None	
	gifts or other services		
13	Other financial or non-financial interests		
		Theme lead for Wessex ARC	No funding attached.

		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)
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:	25 Nov 2022.
Your Name:	James Raftery.
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial
Manuscript Number (if I	known): Click or tap here to enter text.
content of your manuscr affected by the content indicate a bias. If you ar The author's relationship epidemiology of hyperte that medication is not m	·
	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)

	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	X	None	
	of study materials, medical			
	writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	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)
æ	Royalties or licenses	X None	
4	Consulting fees	□ None X	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None X	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring	X 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)
	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	None JR is a member of the NIHR Editorial Board for HTA & EME	
Plea X □			

Date:	02/10/2022
Your Name:	Lana Weir
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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All support for the present manuscript (e.g.,	□ None	
of study	NIHR	My salary is funded by money from NIHR-funded studies, including NIHR PHR.
materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
	Time frame: past 36 m	onths
Grants or contracts from any entity (if not indicated in item #1 above).	Nisione	
	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	Time frame: Since the initial plant 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. Time frame: Since the initial plant None NIHR Time frame: past 36 models and past 36 models

		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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Nisione ■	
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	

		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	⊠ NNone	
11	Stock or stock options	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	NN	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	28/09/2022.
Your Name:	David J Torgerson
Manuscript Title:	An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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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		of the work
1	All support for the present manuscript (e.g., funding, provision	☐ None NIHR Public Health Research Programme (award	Grant to my institution (University of York)
	of study	16/122/20)	Grant to my institution (onliversity of fork)
	materials, medical		
	writing, article processing		Click the tab key to add additional rows.
	charges, etc.)		
	No time limit for this item.		
		Time frame: past 36 month	ıs
2	Grants or contracts from any entity (if not indicated in item	X 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	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	None ■ None None	