Date:	10/5/2023
Your Name:	Dr Alastair M Hull
Manuscript Title:	A model of occupational stress to assess impact of COVID-19 on critical care and redeployed nurses: a mixed-methods study
Manuscript Number (if known):	NIHR135679

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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3	Royalties or licenses	None	

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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, society, committee or advocacy group, paid or unpaid	⊠ 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)
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:		

Date:	10/9/2023
Your Name:	Beth Pollard
Manuscript Title:	A model of occupational stress to assess impact of COVID-19 on critical care and redeployed nurses: a mixed-methods study
Manuscript Number (if known):	NIHR135679

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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	
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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:		

Date:	10/13/2023
Your Name:	Diane Dixon
Manuscript Title:	A model of occupational stress to assess impact of COVID-19 on critical care and redeployed nurses: a mixed-methods study
Manuscript Number (if known):	NIHR135679

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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 □ □ □ □ □ □	
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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:		

Date:	10/13/2023
Your Name:	Jancie Rattray
Manuscript Title:	A model of occupational stress to assess impact of COVID-19 on critical care and redeployed nurses: a mixed-methods study
Manuscript Number (if known):	NIHR135679

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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:		

Date:	10/5/2023
Your Name:	Jordan Miller]
Manuscript Title:	A model of occupational stress to assess impact of COVID-19 on critical care and redeployed nurses: a mixed-methods study
Manuscript Number (if known):	NIHR135679

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None □ □ □ □ □ □	

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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:		

Date:	10/11/2023
Your Name:	Lisa Salisbury
Manuscript Title:	A model of occupational stress to assess impact of COVID-19 on critical care and redeployed nurses: a mixed-methods study
Manuscript Number (if known):	NIHR135679

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6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
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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:		

Date:	10/9/2023
Your Name:	Louise McCallum
Manuscript Title:	A model of occupational stress to assess impact of COVID-19 on critical care and redeployed nurses: a mixed-methods study
Manuscript Number (if known):	NIHR135679

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3	Royalties or licenses	None	

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7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
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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:		

Date:	10/13/2023
Your Name:	Pamela Ramsay
Manuscript Title:	A model of occupational stress to assess impact of COVID-19 on critical care and redeployed nurses: a mixed-methods study
Manuscript Number (if known):	NIHR135679

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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:		

Date:	10/9/2023
Your Name:	Stephen Cole
Manuscript Title:	A model of occupational stress to assess impact of COVID-19 on critical care and redeployed nurses: a mixed-methods study
Manuscript Number (if known):	NIHR135679

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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:		

Date:	10/13/2023
Your Name:	Teresa Scott
Manuscript Title:	A model of occupational stress to assess impact of COVID-19 on critical care and redeployed nurses: a mixed-methods study
Manuscript Number (if known):	NIHR135679

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