

ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Chris Bonell

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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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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.

ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Fiona Lugg-Widger

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2024

Your Name: G.J. Melendez-Torres

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilotcluster randomised controlled trial including an assessment of the feasibility of record linkage and health economicanalysis**

Manuscript Number (if known): N/A

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Your Name: Honor young

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Manuscript Number (if known): N/A

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Date: 7/1/2025

Your Name: Lauren Copeland

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 12/4/2024

Your Name: Philip Pallmann

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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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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.

ICMJE DISCLOSURE FORM

Date: 11/30/2024

Your Name: Ruth Lewis

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Muhammad Riaz

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Julia Townson

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Jason Madan

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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.

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Time frame: Since the initial planning of the work									
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Rachel Brown

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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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ICMJE DISCLOSURE FORM

Date: 12/4/2024

Your Name: Rabeea'h Waseem Aslam

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Rhys Williams-Thomas

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis)**

Manuscript Number (if known): N/A

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

		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		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 12/2/2024

Your Name: James White

Manuscript Title: **A Sexual health and healthy relationships intervention for Further Education (SaFE): a synopsis of results from a pilot cluster randomised controlled trial including an assessment of the feasibility of record linkage and a health economic analysis**

Manuscript Number (if known): N/A

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 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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR</td> <td>Research grant</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIHR	Research grant			Click the tab key to add additional rows.			
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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).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">ESRC</td> <td>PhD studentship</td> </tr> <tr> <td>Health and Care Research Wales</td> <td>Research Grant</td> </tr> <tr> <td>Department for Levelling Up, Housing and Communities</td> <td>Research Grant</td> </tr> <tr> <td>Centre for Homelessness Impact</td> <td>Research Grant</td> </tr> </table>	ESRC	PhD studentship	Health and Care Research Wales	Research Grant	Department for Levelling Up, Housing and Communities	Research Grant	Centre for Homelessness Impact	Research Grant
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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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Steering committees for NIHR, Scottish Government	
10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> 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)						
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