

EU-OSHA MANAGEMENT BOARD

| * Surname(s): | |
|---|--|
| | |
| *Name(s): | |
| Meeli | |
| * Interest group represented: | |
| Governments group | |
| * Country represented: | |
| • ESTONIA | |
| * Position in the MB: | |
| Alternate | |
| * Member since: | |
| 01/07/2022 | |
| * Current professional position (for example: advisor, official, etc) | |
| Director General | |
| Other involvement with ELLOCUA (Advisery Crouns Food Reints etc.) | |
| Other involvement with EU-OSHA (Advisory Groups, Focal Points, etc.) | |
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| | |
| Additional Information (for example previous relevant professional positions) | |
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Declaration of interests and absence of conflict of interests

Information on direct or indirect interests of you or your close family circle (parents, stable partner and children) relevant to EU-OSHA's field of work:

| * Su | rname(s): |
|---------------|--|
| | Miidla-Vanatalu |
| * Na | me(s): |
| | Meeli |
| | Direct interest* (direct personal benefit - actual or potential - that can be ascribed to your role as MB ember): |
| | No interests |
| | ndirect interests* (intellectual and professional interests that can be perceived as influencing your naviour as EU-OSHA MB member): |
| | No interests |
| * 3. (| Other interests or facts that the undersigned considers pertinent: |
| | No interests |
| | |
| role | ereby declare that to the best of my knowledge, I will not be in a situation of conflict of interests in my e as a member, alternate, observer, independent expert or interest group coordinator in the Management ard of EU-OSHA. |
| | ✓ I accept |
| | In making this declaration, I also agree that my declaration will be posted on the EU-OSHA website. |
| | ✓ I agree |