

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kristy	2. Surname (Last Name) Capes	3. Date 16-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giancomo Vivanti
5. Manuscript Title Delivery of Group-Early Start Denver Model in an Australian early childhood setting		
6. Manuscript Identifying Number (if you know it) PM-19-23		

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Miss Capes has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Shannon

2. Surname (Last Name)  
Upson

3. Date  
16-April-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Delivery of Group-Early Start Denver Model in an Australian early childhood setting

6. Manuscript Identifying Number (if you know it)  
PM-19-23

### Section 2. The Work Under Consideration for Publication

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Dr. Upson has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Carolyne	2. Surname (Last Name) Jones	3. Date 16-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giacomo Vivanti
5. Manuscript Title Delivery of group-Early Start Denver Model in an Australian early childhood setting		
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Dr. Jones has nothing to disclose.

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1. Given Name (First Name) Cheryl	2. Surname (Last Name) Dissanayake	3. Date 16-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giancomo Vivanti
5. Manuscript Title Delivery of Group-Early Start Denver Model in an Australian early childhood setting		
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Dr. Dissanayake has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Giacomo

2. Surname (Last Name)  
Vivanti

3. Date  
16-April-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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