



Document No.	IIHR-QF-14
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Issue Date	01.04.2019
Rev. No.	00
Rev. Date	-
Page No.	Page 1 of 3

CONFLICT OF INTEREST DECLARATION FORM

**CONFLICT OF INTEREST DECLARATION FORM**

*Please complete this form if you believe that you may be involved in a conflict of interest situation or if you are unsure and seek to disclose a potential or perceived conflict of interest.*

**SECTION 1: PERSONAL DETAILS**

NAME:

JOB TITLE / AREA OF RESPONSIBILITY:

PHONE:

EMAIL:

**SECTION 2: DISCLOSURE DETAILS**

**The actual, potential or perceived conflict of interest relates to:** *(tick all appropriate box/s)*

- |  |   |
|--|---|
| <input type="checkbox"/> Relationship with family or friends   | <input type="checkbox"/> Staff recruitment                                    |
| <input type="checkbox"/> Outside work activities (paid/unpaid) | <input type="checkbox"/> Relationship with external parties                   |
| <input type="checkbox"/> Financial interest                    | <input type="checkbox"/> Disposal of assets                                   |
| <input type="checkbox"/> Gifts/benefits                        | <input type="checkbox"/> Provision of external consultancy services           |
| <input type="checkbox"/> Provision of private tutoring         | <input type="checkbox"/> Other (if you selected other please provide details) |
| <input type="checkbox"/> Procurement of goods and services     |   |

The following actual, potential or perceived conflict of interest has been identified. *(please insert all relevant details)*

**The (actual, potential or perceived) conflict is expected to last:** *(tick appropriate box)*

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> 0-12 months | <input type="checkbox"/> >12 months or ongoing |
|--------------------------------------|--|

PREPARED & ISSUED BY

REVIEWED & APPROVED BY

CERTIFICATION MANAGER

DIRECTOR



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Rev. Date	-
Page No.	Page 2 of 3

CONFLICT OF INTEREST DECLARATION FORM

**SECTION 3: TO BE COMPLETED BY THE PRINCIPAL / EMPLOYER**

**In my opinion the details provided:** *(tick appropriate box)*

- do not constitute a conflict of interest, and I authorise the employee to continue the activity (go to Section 4).
- do constitute an actual, potential or perceived conflict of interest (please provide a detailed action plan below).

**If the situation does constitute a conflict of interest, please ensure that the following actions have been considered:**

- ensure all information surrounding the conflict has been disclosed and documented
- inform likely affected persons of the conflict, seeking their views where relevant as to whether they object
- reformulate the scope of work or restricting access to certain information
- recruit a third party to oversee part or all of the process
- recommend relinquishing the interest that is causing the conflict
- temporarily remove the person from the process or responsibilities
- monitor the person's activities closely in relation to the conflict of interest
- take no further action because the conflict is minimal.

**I have reviewed the above considerations and request that the Employee takes the following action to eliminate/manage the conflict:**

**I will ensure this action plan is reviewed:**

- Within 1 month
- Within 3 months
- Within 6 months

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Issue Date	01.04.2019
Rev. No.	00
Rev. Date	-
Page No.	Page 3 of 3

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- Within 12 months
  Other – specify
  N/A: the conflict is one-off or short duration

**SECTION 4: EMPLOYEE'S DECLARATION**

To the best of my knowledge and belief any actual, perceived or potential conflicts between my duties as an employee and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the IIHR.

I acknowledge, and agree to comply with, any approach identified in this form for removing or managing an actual, perceived or potential conflict of interest.

SIGNATURE:

DATE:

**SECTION 5: EMPLOYER**

The actions described in the approach outlined in Section 3 have been put in place to effectively manage any actual, potential or perceived conflict of interest disclosed in Section 2. The approach outlined in Section 3 ensures that the IIHR's public interests and reputation is adequately protected.

NAME:

SIGNATURE:

DATE:

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