**DISCLOSURE OF A CONFLICT-OF-INTEREST FORM**

Any faculty or staff member who has a real, potential, or perceived conflict of interest must fill out this form. For more details, please refer to the Conflict-of-Interest Policy.

**MEMBER INFORMATION**

First Name:

Surname:

Position Title:

Department:

School/faculty:

Work contact number:

**DISCLOSURE STATEMENT**

**1. I'm disclosing a conflict of interest which is:**

Actual Potential Apparent

**2. Describe how this conflict of interest might influence or be seen to influence you:**

**3. List the related parties involved in the conflict:**

External Entity:

Persons:

**4. How long does the relationship with this related party last?**

**5. Explain why you believe the conflict should be permitted:**

I hereby acknowledge that I’ve read and comprehended the University's Research Conflict of Interest policy. I certify that the information set forth above is true and complete to the best of my knowledge.

**Date Signature**

**(6. Attach additional pages if required)**