Conflict of Commitment and Interest Disclosure Form

Instructions

- 1. Complete this form on-line. When complete, save a copy to your computer for your records
- 2. Print the completed form, sign and give to your Head of Department¹ or SLT member
- 3. Your Head of Department/SLT member will discuss the disclosure with you in a timely manner, and will exercise his or her judgement in determining the appropriate way of managing the conflict in accordance with the Conflict of Commitment and Interest Policy. After first advising you of their intention, it may be necessary for the Head of Department to seek further advice from People and Organisational Development or the Director Risk and Assurance.

DISCLOSURE STATEMENT

This disclosure is made in accordance with the Conflict of Commitment and Interest Policy. This form should be prepared and given to your Head of Department. The form must be re-submitted on an annual basis, for as long as the conflict of commitment and interest exists.

1. Describe the actual, perceived or potential conflict of commitment or interest		
2. Describe how the situation might affect or be seen to potentially affect you or the University		
3. Explain how you propose to manage this conflict		

¹ In appropriate cases Head of Department should read Head of Unit, Centre, School, Institute or College

2. Disclosure Form sent to POD for filing on personnel file

4. Director Risk and Assurance enters disclosure into the Disclosures Register

3. POD: Send copy to Director Risk and Assurance

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4. Please append further information if necessary, listing attachments below.			
C	ERTIFICATION		
	have disclosed all relevant matters to the Head of Department (or equivalent), and will continue to do nnual basis while the conflict of commitment and interest exists.	so on an	
I	have agreed to implement the management plan summarised above.		
N	lame of the person disclosing:		
S	ignature of the person disclosing: Date:		
S	taff ID number:		
S	chool/Institute/Section:		
N	lame of Head of Department (or equivalent):		
S	ignature of Head of Department: Date:		
а	lead of Department signature confirms they are aware of the real or perceived conflict of commitmer nd intend to manage it in accordance with the proposed management plan. Managers should also con is appropriate that the disclosure and management plan are notified to the relevant SLT member.		
	Action	Tick	
	1. Disclosure Form prepared and signed by staff member and HoD or equivalent		