## Disclosure (to be completed by staff member)

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| Staff Details |
| Name: *Click or tap here to enter text*. | Position: *In the University*  |
| Staff Number:  | Reporting to:  |
| Head of School/ Department/ Research Centre: *If applicable*  |
| Head of College/Function:  | COI Reviewer:  |

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| Potential Conflict of Interest Details |
| *Enter details of the potential conflict*   |

## Management (to be completed by COI reviewer)

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| Type and Category of Conflict |
| *Please select one type of conflict* |
| None: [ ]  | Actual: [ ]  | Perceived: [ ]  | Potential: [ ]  |
| *Please select one category of conflict* |
| Academic: [ ]  | Directorship/ Consultancy: [ ]  | Research: [ ]  |
| Sale/ Supply/ Purchase: [ ]  | Spinout/ Startup/ IP: [ ]  |

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| --- |
| Any Other Relevant Information |
| *Detail any other information that you, as the COI Reviewer, feel is relevant*  |

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| Management Plan |
| *Describe how the conflict of interest will be managed and monitored. If a follow-up is necessary, please provide details.*  |
| Review |
| Review required: [ ]  |
| Type of Review: If review required, enter the steps to be taken during the review |
| Review date: *Review date* |

I acknowledge my agreement and intent to comply with the principles and safeguards of this Conflicts Management Plan.

Signature of staff member Date

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Signature of COI reviewer Date

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**Please send a copy of the completed form to** **conflictofinterest@ucc.ie**