## Disclosure (to be completed by staff member)

|  |  |
| --- | --- |
| 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: |

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

## Management (to be completed by COI reviewer)

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | |

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

|  |
| --- |
| 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of COI reviewer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send a copy of the completed form to** [**conflictofinterest@ucc.ie**](mailto:conflictofinterest@ucc.ie)