

Disclosure of Conflict of Interest Form

1 Your Details

Name

Date of Disclosure

Role in Organisation / Position

2 Details of Conflict Disclosure

Describe and identify the actual, potential or perceived benefit (pecuniary or non-pecuniary)

Will any of the following persons be perceived to potentially or actually gain a benefit as a result of my action/ decision?

Me or my Immediate Family

☐

Yes

☐

No

Please Provide Details

Companies, Trusts and Associations

☐

Yes

☐

No

Please Provide Details

Describe the interest of ICAS that the actual, potential or perceived benefit conflicts with?

Propose how the actual, potential or perceived conflict of interest is going to be managed?

Has the proposed management of the conflict been discussed with management, expert, colleague?

☐

Yes

☐

No

If yes, give details of who and when.

Agreed management strategy for conflict of interest

2 Signed

Name

ICAS Name

Signature

Signature

Date

Date