#### Appendix I –Declaration of Interest Form

***NOTE: READ THE POLICY FOR CONFLICTS OF INTEREST IN DETAIL BEFORE COMPLETING THIS FORM***

Part A is to be completed by the individual with the making the declaration of interest. Part B is to be completed by the individual’s line manager or equivalent.

Part C is to be completed by the Office of the Director, Human Resources.

Part A – To be Completed by the Relevant Individual

|  |  |
| --- | --- |
| **Name** |  |
| **Department /Faculty****/Division /Contract** |  |
| **Line Manager (or equivalent)** |  |
| **Date** |  |
| **Conflict of Interest Details** | [Please describe the nature of the interest(s) which may be in conflict with the interests of the University of Limerick] |
| **Date of Conflict** | [Please state when you became aware of the conflict] |
| **Parties Involved** | [Please list all individuals that you are able, who are party to the conflict] |
| **Potential Benefit** | [Please set out the benefit which might accrue to you (or a connected person) should this conflict go unmanaged] |
| **Proposed Management** | [Please set out how you propose to manage this conflict] |
| **Declaration** | ***I acknowledge the Policy on Conflicts of Interest and declare the above interests. I confirm that I have no other activities, responsibilities or ownership entitlements that might lead to a conflict of interest situation.*** |
| **Signature** |  |

**Part B – To be Completed by the Relevant Line Manager (or equivalent)**

|  |  |
| --- | --- |
| **Line Manager Name** |  |
| **Position** |  |
| **Date of discussion with the individual** |  |

|  |  |
| --- | --- |
| **Detail of the discussion with the individual** | [Summarise the discussion with the individual] |
| **Outcome of discussion** | Is it determined that a conflict exists? |
| **Management Plan** | [Describe the agreed approach to managing any conflict] [Attach supporting documents as appropriate]See Conflict of Interest Management Plan Template for guidance |
| **Date** |  |
| **Signature (line manager)** |  |
| **Signature (relevant individual)** |  |

Part C – To be Completed by the Office the Director of Human Resources

|  |  |
| --- | --- |
| **Date notified** |  |
| **Acknowledged by** |  |
| **Any further detail or information** |  |