

IHM Conflict of Interest Declaration Form

All IHM staff and other related personnel, including external committee members, contractors, etc., must complete this form to disclose any situations where personal interests conflict with their duties.

Please fill out all sections, then sign and submit to your line manager/supervisor for review.

Declaration

Details of the Person Disclosing :

Name:

Position/Title:

Department:

I, the abovenamed person, affirm that I have read and understood IHM’s Conflict of Interest Disclosure Framework. I am committed to acting with transparency and integrity.

I hereby disclose conflicts of interest below and agree to abide by any management strategies for addressing them.

Type of Conflict (check one):

- Actual – a direct conflict exists now (current situation does conflict with my IHM duties)
- Potential – a conflict could arise in the future (possible future conflict with duties)
- Perceived – it might appear to others that a conflict exists (an apparent conflict of interest)

Interests to Declare: (List any external entities in which you have an interest that may conflict with your IHM role)

Name of Entity (company, firm, association) or Person	Nature of Interest (e.g., Director, Shareholder, Partner) that is in conflict	% Shareholding	Date Interest Arose or Changed
<i>(attach additional pages if necessary)</i>			
	Or describe the interest as appropriate		

If you have no interests to declare, write “None” in the first row of the table above. Add additional rows if necessary to include all relevant interests.

OR (tick one or more boxes below as appropriate),

- I declare that I have given a gift (value of which is) to at IHM.

I declare that I have received a gift (value of which is) from who is a student or work at IHM or is a contractor/consultant with IHM.

I declare that I have work for part-timely or as a consultant, during [provide the time and hours here].

I declare that

Proposed Conflict Management Plan: (tick all strategies that will be used to manage the conflict and provide details as needed)

Restrict involvement: Limit or modify my participation in the related activities/decisions.

Recusal/Removal: Excuse or remove me entirely from the decision-making process or duty in question.

Relinquish interest: Divest or withdraw from the external interest causing the conflict.

Resignation – Step down from my IHM role (if no other resolution is possible for a serious conflict).

Other _____(please specify any other strategy that you want to be in place)

Signature of the person making declaration: _____ Date: _____

Line Manager/Supervisor Endorsement

This is to be completed by the staff member’s line manager or direct supervisor (or the officer to which the matter is escalated) after reviewing the above declaration, or by the IHM Board Chair or the Chair of a committee.

I have reviewed the conflict-of-interest disclosed and the outcomes of my review are:

(i)

(ii)

(iii)

Supervisor’s (or Chair’s) Name: _____ Position/Title: _____

Signature: _____ Date: _____

Comments: _____