

## DATA AND RESEARCH IN EDUCATION–RESEARCH CONSORTIUM

### CONFLICT OF INTEREST DISCLOSURE FORM

(To be filled by the Lead Investigator of the Research Grant)

1. A **Conflict of Interest (COI)** is any activity, influence or relationship (whether personal or professional) of you and/or your staff, if applicable, that could directly, indirectly, or appear to impair your ability to perform your services objectively, with integrity and in the best interests of **DARE-RC including its consortium partners and client**.
2. This conflict of interest (personal or professional) disclosure covers the following:
  - 2.1. Are you also a member of DARE-RC?
  - 2.2. Are you providing services to DARE-RC including its intellectual leadership team, or its advisory board?
  - 2.3. Do you have a personal relationship with any individual in DARE-RC? Personal relationships refer to a spouse or blood relative i.e. parent, brother, sister, aunt, uncle, nephew, niece, first cousin.

Please provide details in the table below if a COI exists:

Name of member(s) of DARE-RC team including consortium partners with whom the COI exists	
Designation/position	
Name of organisation(s) with whom the COI exists	
Nature of association or relationship	

- 2.4. Do you have financial interests or commercial relationships with the department/organisation under study or in the field of the study relevant for the proposed research?

If a COI exists, please provide details of the nature of the commercial and financial stakes with the department/organisation under study.

Name of organisation/department with whom the relationship exists	
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Nature of financial or commercial relationships with the organisation/department under study or in the field of the study relevant for the proposed research	
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- I understand that, if, in case of awarding of a grant, and where applicable, OPM requires suppliers to undertake Due Diligence of any third party employed to work on the project.
- I understand that I must inform OPM immediately of any relevant change in circumstances in connection with a COI.
- I hereby declare, to the best of my knowledge that the information provided in this form is true and accurate.
- To the extent applicable, I am duly authorised to make the declarations herein contained and sign this COI form.

Signature: .....

Name of Lead Investigator.....

Name of applicant organisation: .....

Date: .....