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**CONFLICT OF INTEREST FORM**

*Conflict of interest is when an individual’s private or personal interests and professional obligations are divergent to such an extent that an independent observer may have doubt as to whether or not the individual’s professional actions are influenced by personal considerations, financial or otherwise.*

I, …………………………………………………………………… (Staff / student number :…………) would like to disclose the following conflict of interests:

***Indicate YES or NO and state the nature of the conflict and explain how it will affect the integrity of the research.***

|  |  |  |
| --- | --- | --- |
| **There is a conflict of interest due to either myself or a close family member benefiting in terms of:** | **YES** | **NO** |
| Funds or research sponsorship  Explain: |  |  |
| Use of UNIVEN facilities  Explain: |  |  |
| Purchasing of major equipment by the University for this project  Explain: |  |  |
| Delay of dissemination of the results resulting in benefit  Explain: |  |  |
| Discounts or concessions  Explain: |  |  |
| Employment  Explain: |  |  |
| Other  Explain: |  |  |

**………………………………… …………………………………..**

Principal Investigator/Researcher Date

**………………………………. ……………………………………**

HOD Date