**Annual Conflict of Interest Disclosure Form**

It is the policy of the College of Engineering at Qatar University to address how issues of actual, potential and perceived conflicts of interest involving employees of the college should be identified, disclosed and managed. This form is designed to identify and disclose known conflicts in an effort to properly manage them.

This form is to be completed by faculty members and academic staff who have a real perceived conflict of interest or a potential conflict of interest in undertaking their work obligations that may affect their professional duties impartially.

The completion of this form is only mandatory for college employees who are expected to engage in: consulting work, court litigation cases as an expert witness, contracts’ conflicts resolution, etc.

A copy of the completed and signed form is to be attached to the faculty member’s personnel file in the college. In case of any change in the disclosure status during 12-month period, a revised Disclosure Form must be completed.

For examples of conflict of interest cases and regulations at Qatar University, you may refer to the Faculty Handbook on this link: <http://www.qu.edu.qa/offices/oipd/documents/QU_Faculty_Handbook_June-Spring2012_EN.pdf>

**Applicant**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QU ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Rank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disclosure: New Renewal

Classification:  Faculty Staff

Nature of Conflict:

REAL POTENTIAL PERCEIVED

CONFLICT OF INTEREST CONFLICT OF COMMITMENT

(Please tick all applicable boxes)

* Do you hold any employment that may create a conflict of interest with your employment in the College of Engineering at Qatar University?

Yes No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Do you have any other conflict of interest with your employment at Qatar University ?

Yes No

If yes, please provide a brief outline of the nature of the conflict (details may be included privately in a separate confidential envelop, if appropriate)

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* Please detail the arrangement proposed to resolve/manage the conflict (attach separately, if appropriate)

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**Certification**

I certify that I have read and understand the Policy on Conflict of Interest, available on QU Handbook, affecting university employment. The information I have provided indicate all potential conflicts of interest with regard to my position in the College of Engineering at Qatar University.

I acknowledge I have a continuing obligation to file an updated form for each new activity initiated during the academic year.

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Endorsement by the Head of Department**

Based on the activity reported, and to the best of my knowledge and judgment:

No conflict of interest exists.

 Yes, there is a conflict of interest and I believe that a plan to manage the conflict of interest is not required and that no further action is necessary in relation to this matter.

 Yes, there is conflict of interest and I believe that the plan outlined in the Disclosure Form will mitigate or remove the conflict of interest but will continue to monitor the situation.

 I cannot adequately resolve the conflict of interest with the faculty member concerned and have referred the matter to the Dean for resolution.

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Comments:

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**Review by Dean**

Based on the activity reported, and to the best of my knowledge and judgment:

No conflict of interest exists.

 Yes, there is a conflict of interest and have taken the following action relative to this matter:

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*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*