

## **Conflicts of Interest Declaration Form**

### **Introduction**

This Declaration Form is intended to capture conflicts of interest relating to individuals involved the Strategic Board/Working Board or any Committee or Working Group involved with the Association of Acupuncture Clinicians (AAC) in order to avoid any distortion of competition and to ensure equal treatment of all companies seeking to do business with the AAC.

Involvement, in the context of conflicts of interest, may relate to any stage in any project or commercial lifecycle including preparation and planning, publication, selection and award and contract implementation.

Individuals must avoid placing themselves in a position where there is a conflict between their personal and/or outside interest and their official duties and must comply with internal policy relating to gifts, hospitality and conflicts of interest at all times.

Examples of conflicts of interest may include, but are not restricted to:

- if you are a current or previous employee/volunteer or association with a company, or have a member of your family, your partner (married, civil partnership or not), your siblings, your children, or any close personal or professional relationships that are an employee of a company, that is seeking to do business with the AAC;
- if you, or a member of your family/friends (as set out above), has a financial interest in a company that is seeking to do business with the AAC;
- if you, or a member of your family/friends (as set out above), has a financial relationship of any kind with a company seeking to do business with the AAC.

**This is a non-exhaustive list of examples and it is your responsibility to ensure that any and all actual, potential or perceived conflicts are disclosed prior to you being involved in the procurement.**

If you are unsure whether your current or previous relationship or involvement with a company that is seeking to do business with the AAC constitutes a conflict of interest, you should seek advice from an Authorised Individual stated below.

This Form also includes a requirement for individuals involved in projects or procurement or Strategic Alliances to treat information (including but not restricted to bid documents, supplier evaluations etc.) with the appropriate level of confidentiality, and not make any unauthorised disclosures of this information.

All individuals with access to procurement information or Strategic Alliances or Partnerships must sign this Form.

## **Authorised Individuals**

Authorised Individuals are responsible for managing the disclosure of procurement information and conflicts of interest. The Authorised Individuals for the procurement/Strategic Alliances are:

*Clare Ward*

*Chris Davies*

*Dean McQue*

If conflicts of interest arise at any time during the commercial lifecycle, an Authorised Individual must be notified. Any disclosure of project/procurement/strategic Alliance information must also be approved by an Authorised Individual prior to disclosure.

## **Statements**

1. I acknowledge that my official duties cause me to have access to documents or data pertaining to potential processes, procurements, strategic alliances or partnerships. I am aware that unauthorised disclosure of information could damage the integrity of the AAC and that transmission or revelation of such information to unauthorised persons will subject me to disciplinary action.
2. I will not divulge, publish or reveal by word, conduct, or any other means such information or knowledge, except as necessary to do so in the performance of my official duties related to any process, procurement or partnerships and in accordance with the laws of the United Kingdom, unless specially authorised in writing in each and every case by an Authorised Individual of the AAC.
3. I acknowledge that the information I receive will be given only to persons specifically granted access to the process, procurement or strategic alliance, and it may not be further divulged without specific prior written approval from an Authorised Individual.
4. If at any time during any process, procurement or partnership I feel that my participation might result in an actual, potential or perceived conflict of interest, I will immediately report the circumstances to the appropriate Authorised Individual.

## **Declaration Guidance**

Declaration A should be signed if there are no actual, potential or perceived conflicts of

interest.

Declaration B should be signed if there are actual, potential or perceived conflicts of interest. The conflicts of interest and mitigation must be stated in Appendix 1 below, as must the role that the individual will be carrying out (where appropriate) within the process. An Authorised Individual must also sign Declaration B to confirm that they accept that appropriate mitigations have been put in place.

### **Declaration A (if no conflicts of interest)**

By signing this Form, I declare that I have read and accept the Statements above, and that there are no conflicts of interest of any nature which would prevent me from participating in the aforementioned process.

If any actual, potential or perceived conflicts of interest arise in the future, I will inform an Authorised Individual immediately.

Name:

Job Title:

Organisation / Department:

Signature:

Date:

### **Declaration B (if actual, potential of perceived conflicts of interest)**

By signing this Form, I confirm that the conflicts of interest in Appendix 1 have been mitigated appropriately to allow me to participate in a suitable role within the process.

If any other actual, potential or perceived conflicts of interest arise in the future, I will inform an Authorised Individual immediately.

Name:

Job Title:

Organisation / Department:

Signature:

Date:

### **Appendix 1**

My conflict(s) of interest, including mitigations, is/are:

Conflict of interest *[insert text]*

Mitigation *[insert text]*

*[Delete as appropriate]*

Therefore my role in the process will be *[briefly describe role]*

OR

Therefore I will not have a role in the process.

### **Authorised Individual**

By signing this Form, I confirm that the conflicts of interest in Appendix 1 have been mitigated appropriately, and therefore the individual's role in the process, also stated in Appendix 1, is appropriate.

Name:

Job Title:

Organisation / Department:

Signature:

Date: