



### Conflict of Interest Declaration Form

Please complete this form if you believe that you may be involved in a conflict of interest situation or if you are unsure and seek to disclose a potential or perceived conflict of interest. Please read the Conflict of Interest Policy.

**SECTION 1: PERSONAL DETAILS**

NAME: [Click here to enter text.](#)

JOB TITLE / AREA OF RESPONSIBILITY: [Click here to enter text.](#)

PHONE: [Click here to enter text.](#)      EMAIL: [Click here to enter text.](#)

**SECTION 2: DISCLOSURE DETAILS**

The actual, potential or perceived conflict of interest relates to: *(tick all appropriate box/s)*

<input type="checkbox"/> Relationship with family or friends	<input type="checkbox"/> Staff recruitment
<input type="checkbox"/> Outside work activities (paid/unpaid)	<input type="checkbox"/> Relationship with external parties
<input type="checkbox"/> Financial interest	<input type="checkbox"/> Disposal of school assets
<input type="checkbox"/> Gifts/benefits	<input type="checkbox"/> Provision of external consultancy services
<input type="checkbox"/> Provision of private tutoring	<input type="checkbox"/> Other (if you selected other please provide details)
<input type="checkbox"/> Procurement of goods and services	

The following actual, potential or perceived conflict of interest has been identified. *(please insert all relevant details)*

[Click here to enter text.](#)

The (actual, potential or perceived) conflict is expected to last: *(tick appropriate box)*

0-12 months       >12 months or ongoing

**SECTION 3: TO BE COMPLETED BY THE PRINCIPAL / EMPLOYER**

In my opinion the details provided: *(tick appropriate box)*

do not constitute a conflict of interest, and I authorise the employee to continue the activity (go to Section 4).

do constitute an actual, potential or perceived conflict of interest (please provide a detailed action plan below).

- If the situation does constitute a conflict of interest, please ensure that the following actions have been considered:
- ensure all information surrounding the conflict has been disclosed and documented
  - inform likely affected persons of the conflict, seeking their views where relevant as to whether they object
  - reformulate the scope of work or restricting access to certain information
  - recruit a third party to oversee part or all of the process
  - recommend to relinquish the interest that is causing the conflict
  - temporarily remove the person from the process or responsibilities
  - monitor the person's activities closely in relation to the conflict of interest

*Mazish*  
*Mazish Mohsin*  
 Dy. General Secretary  
 28.07.23

*Farah Shahid*  
 FARAH SHAHID  
 ED  
 23. Aug. 23



• take no further action because the conflict is minimal.

I have reviewed the above considerations and request that the Employee takes the following action to eliminate/manage the conflict:

Click here to enter text.

I will ensure this action plan is reviewed:

- Within 1 month
- Within 3 months
- Within 6 months
- Within 12 months
- Other - specify
- N/A: the conflict is one-off or short duration

**SECTION 4: EMPLOYEE'S DECLARATION**

To the best of my knowledge and belief any actual, perceived or potential conflicts between my duties as an employee and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the Conflict of Interest Policy. I acknowledge, and agree to comply with, any approach identified in this form for removing or managing an actual, perceived or potential conflict of interest.

SIGNATURE:

DATE:

**SECTION 5: EMPLOYER**

The actions described in the approach outlined in Section 3 have been put in place to effectively manage any actual, potential or perceived conflict of interest disclosed in Section 2. The approach outlined in Section 3 ensures that the [ public interests and reputation is adequately protected.

NAME: Click here to enter text.

SIGNATURE:

DATE:

*Nazish Mohsin (Dy. G.S.)*  
*Nazish*  
*23.8.23*

*Farah Shahid*  
*ED*  
*23.08.23*