



Appendix 2 – Disclosure Form for partner institutions

The present Disclosure Form must be used to communicate to ICARS the details of the occurred actual, perceived or potential conflict of interest and the proposed action to be taken for the employee participating in an ICARS activity.

Name and title of the person for which there is an actual, perceived or potential conflict of interest:

Name:

Title/position:

Circumstances that could give rise to an actual, perceived or potential conflict of interest	Potential implications for the partnership with ICARS	Proposed action

Information on the person filling and delivering the Disclosure Form to ICARS:

Name:

Position:

Email:

DECLARATION. I hereby declare on my honor that the disclosed information is true and accurate to the best of my knowledge.

Signed by:

Date:

Signature: