Northrise University Research Ethics Committee (NUREC) Conflict of Interest Declaration Form

1. Purpose

This form is meant to find and reveal any conflicts of interest, potential, or perceived that might affect how research proposals submitted to the NUREC are reviewed ethically.

2. Member Information

Name: _____
Position: _____
Date: _____

3. Conflict of Interest Disclosure

Please answer the following by ticking **Yes** or **No**:

Question	Yes	No
a. Do you or your immediate family have a financial interest in any proposal under review?	☐	☐
b. Are you involved in the design, conduct, or reporting of any research under review?	☐	☐
c. Do you have any personal or professional relationship with the principal investigators?	☐	☐
d. Do you hold any position or stake in institutions sponsoring or funding the research?	☐	☐
e. Is there any other interest that could impair your objectivity in reviewing proposals?	☐	☐

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4. If Yes to Any Above

Please describe the nature of the conflict below:

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5. Declaration

I, the undersigned, declare that the information provided above is accurate and complete to the best of my knowledge. I understand that I may be recused from reviewing or deliberating on any proposal where a conflict exists or is perceived to exist.

Signature of Member: _____
Date: _____

Chairperson's Signature (Acknowledgement): _____
Date: _____