**Section 1**

This section is to be completed by the staff member working on an NIH funded project

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Faculty: |  |
| URMS number: |  |
| NIH grant number: |  |
| Project PI: |  |

1. **Which of the following reasons is this declaration made for:**

|  |  |  |
| --- | --- | --- |
| i. | I am applying for/involved in an application for NIH funding | 🞏 |
| ii. | I have discovered or acquired (e.g., through purchase, marriage, or inheritance) a new Significant Financial Interest (declaration must be made within 10days) | 🞏 |
| iii. | I am making an annual declaration | 🞏 |

1. **Declaration** (please select from one of the options below)

|  |  |  |
| --- | --- | --- |
| i. | I do not have any current financial conflict of interests connected to this project; | 🞏 |
| ii. | I have a potential financial conflict of interest (please include details below) | 🞏 |

|  |
| --- |
|  |

In signing this document, I confirm:

1. I have completed this declaration to the best of my knowledge and have considered all of the potential financial conflicts of interest relating to me, my spouse and dependent children;
2. I have undertaken an NIH online FCOI training within the last four years;
3. I have read and understood the University’s conflict of interest policy and Good Research & Innovation Practices; and
4. I have completed this declaration in accordance with the university policy

Declaration made by (Print Name)

Signature Date

**Section 2**

This section is to be completed by the Head of Department within 10 days of the declaration

If Section 1.B.i has been answered, please consider any potential conflicts and, if satisfied, please sign this form below.

If Section 1.B.ii has been answered, consult with the member of staff to identify the following information

|  |  |
| --- | --- |
| **Name of the entity with which the Investigator has a potential FCOI** |  |
| **Nature of the financial interest** (e.g. equity, consulting fee, travel reimbursement, honorarium)  For sponsored travel reimbursement, the minimum information to include is the nature of the trip, name of the sponsor/organiser, destination, duration |  |
| **Estimated value of the financial support** |  |

Please provide any additional information here:

Declaration made by (Print Name)

Signature Date

The Head of Department should email this completed form to their Research Hub contact, titling your email “NIH FCOI”.

**Section 3**

This section is to be completed by the Faculty Director of Research & Innovation within 10 days of any declaration

I have reviewed the information provided to me and have met with the HoD to review the Significant Financial Interest. I can confirm that:

1. There is not a conflict of interest (please provide details below)
2. There is a conflict of interest and I request Research Services to make a FCOI declaration to the NIH on my behalf (within the 60 day deadline or within 30 days for new disclosures)

Declaration made by (Print Name)

Signature Date

**Email this completed form to your Research Hub contact titling your email “NIH FCOI”.**

The Research Hub will collate and send all completed and signed SFI forms to the Contracts Officer or ri-contracts. will be saved in the contract folder and in document storage on the Costing and Award Tool.