

**CONFIDENTIAL**

**Form D1/A**

**Office of Research**

**Declaration of Interests**

**To be completed by each member of Academic and Related Staff, whether full or part time, engaged in funded Research Projects.**

**Full Name**

**Department/ Division**

1. Have you at any time over the last 12 months occupied a position of Director, Partner Consultant, Trustee, Trader or Employee of any external- organisation?

|  |  |
| --- | --- |
| **YES/NO** | If YES please detail on **Form DI/B (attached)** |
|  |  |

2. Have you at any time over the last 12 months been a member of an external committee?

|  |  |
| --- | --- |
| **YES/NO** | If YES please detail on **Form DI/C (attached)** |
|  |  |

3. Have you at any time over the last 12 months held any other remunerated engagements, or Significant Financial interests (e.g. shareholding) as defined in Appendix 1 of UL's Code of Good Practice in Research?

|  |  |
| --- | --- |
| **YES/NO** | If YES please detail below |
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|  |  |  |

I certify that the information given above is, as far as I can recall, true and accurate. I have discussed this Declaration with, and will provide one copy to, my Head of Department.

|  |  |
| --- | --- |
| Signed | Date |
|  |  |
| Signed (HoD) | Date |
|  |  |

**Please return completed forms to the Office of the Vice President - Research.**



**CONFIDENTIAL**

**Form DI/B**

**Office of Research**

**Declaration of Interests**

**DIRECTORSHIPS, PARTNERSHIPS, CONSULTANCIES, TRUSTEESHIPS, TRADERSHIPS OR EMPLOYMENT (OTHER THAN UL)**

PLEASE COMPLETE IN BLOCK CAPITALS

**Full Name**

**Department/Division**

**Name of External Organisation**

**Address**

**Position Held DIRECTOR/PARTNER/CONSULTANT/TRUSTEE/TRADER/EMPLOYEE**

*(Please circle as appropriate)*

**Date of Appointment**

**Name of External Organisation**

**Address**

**Position Held DIRECTOR/PARTNER/CONSULTANT/TRUSTEE/TRADER/EMPLOYEE**

*(Please circle as appropriate)*

**Date of Appointment**

**\* Please photocopy additional sheets if required**



**CONFIDENTIAL**

**Form DI/C**

**Office of Research**

**Declaration of Interests**

**MEMBERSHIP OF EXTERNAL COMMITTEES\***

PLEASE COMPLETE IN BLOCK CAPITALS

*(Only those committees where the work is related to or overlaps with the activities of UL need to be declared)*

**Full Name**

**Department/Division**

**Organisation Name**

**Address**

**Name of Committee, Board or**

**Council**

**Date of Appointment**

**Organisation Name**

**Address**

**Name of Committee, Board or**

**Council**

**Date of Appointment**

**\* Please photocopy additional sheets if required.**