

Conflict of Interest Disclosure Form Royal Holloway Physics Society

Name of Member:		
Position	n:	
Date: _		
Instruc	tions for Committee Members	
of y 2. Upo 3. If a	inplete and submit this form to the Society's Vice President and/or Secretary at the beginning four term. Idate the form if any new potential conflicts arise during your term. potential conflict of interest is identified, recuse yourself from related discussions and isions as appropriate.	
1.	Disclosure of Interests	
	disclose any personal, professional, or financial interests that could potentially influence your as or actions as a member of the Physics Society's Committee.	
1.1	Employment or Consulting	
Are you	currently employed by or consulting for any organisation that has dealings with the Society?	
	Yes	
	No	
If yes, p	lease provide details:	

1.2 Financial Interests

	have any financial interests in a company or organisation that could be seen as a conflicting our responsibilities in the Society?
	Yes No
If yes, p	please provide details:
1.3	Relationships
•	have any personal relationships (family, friends, etc.) that could influence your decisions the Society?
	Yes
	No
If yes, p	please provide details:
1.4	Other Interests
Are the	ere any other interests, commitments, or obligations that could be perceived as a conflict of t?
	Yes
	No
If yes, p	please provide details:

2. Acknowledgement and Certification

By signing below, I acknowledge that I have disclosed all potential conflicts of interest to the best of my knowledge. I understand that it is my responsibility to update this disclosure form promptly if my situation changes.

Signature:	
Date:	
For Internal Use Only:	
Date Received:	
Reviewed By:	
Action Taken (if any):	

Note: This form will be kept confidential and used only for the purpose of ensuring transparency and integrity in the Society's operations.