

# IENE Conflict of Interest (COI) Situational Disclosure Form

V1. Sept 2025

## Purpose

To identify actual, potential, or perceived conflicts of interest within IENE, thereby promoting transparency and upholding ethical standards in governance.

## Instructions

Any individual members and representatives of organizational members must disclose a potential or actual conflict as soon as it arises, but not later than 30 days, by submitting a Conflict of Interest Situational Disclosure Form.

Please complete all sections truthfully. If you are uncertain about any part, seek guidance from the Conflict of Interest (COI) Reviewer.

Submit the form via email at [coi@iene.info](mailto:coi@iene.info) as per Policy procedures.

IENE Governance Board is responsible for ensuring all disclosures will be treated with confidentiality, fairness, and due process.

DATE: \_\_\_\_\_

## Section 1: Personal Information

- Full Name: \_\_\_\_\_
- Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Section 2: IENE involvement

- Individual member of IENE: YES/NO
- Representing an IENE-member organisation: YES/NO If yes, please name it:  
\_\_\_\_\_

## Section 3: Disclosure Details

*Please describe the nature of the conflict, including all relevant details (e.g., the parties involved, your role, and the potential impact on IENE).*

- Employment: \_\_\_\_\_.
- Financial Interests: \_\_\_\_\_.
- Board Memberships or Leadership Roles in other organisations:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
- Relevant projects: \_\_\_\_\_.
- Consultancies: \_\_\_\_\_.
- Other Relevant Information: \_\_\_\_\_.

## Section 4: Certification

I certify the information provided is accurate to the best of my knowledge.

- Signature: \_\_\_\_\_