**Institute of Workplace And Facilities Management**

**Declaration of Interests Form**



This form is to be completed by all IWFM members holding a voluntary role within the Institute

This declaration is for mutual benefit and is used to protect the reputation of both the IWFM and the individuals involved. It enables the IWFM to identify, manage and monitor actual and potential conflicts of interest, to protect the integrity of IWFM and it applies to all IWFM volunteers. You need to consider if you have something to declare at the start of your engagement with the IWFM and also, whenever your personal or business circumstances change. If you do have an interest/s to declare, you must complete this form and provide relevant details. If you are in any doubt as to whether a personal interest constitutes a conflict (this could be an actual or potential conflict, or something that could be perceived to be a conflict by a third party) then you should declare the interest on this form and the Company Secretary will determine what action is appropriate.

Volunteers who do not follow the Conflict of Interest Policy or deliberately fail to declare a potential conflict of interest where one may exist, may be asked to step aside from volunteering activities.

NOTE: To assist in completing this form, please consider the impact of your circumstances on:

1. IWFM membership
2. IWFM Awarding Organisation
3. IWFM Training Academy
4. Reputation of the Institute
5. Your own reputation

I, <ENTER NAME>, as a <fellow/certified/member/associate/affiliate/corporate/group**\***>member of the Institute and/or of <**IWFM Board, Members’ Council, Constitution & Ethics Committee, Audit & Risk Committee, Awarding Organisation Committee, Region, SIG, any other volunteer Committee(s) or Working Groups\*>** set out below my interests in accordance with the Institute’s Conflicts of Interest Policy.

\*Delete as appropriate

|  |  |  |
| --- | --- | --- |
| **Category** | **Please give details of the interest as it applies to yourself** | **Please give details of the interest as it applies to a member of your immediate family or some other close personal connection** |
| **Section A: your current and past activity****Current employment** or activity in which you continue to have a financial interest |  |  |
| Company Name |  |  |
| Company Address |  |  |
| Role/Job Title |  |  |
| Type of Business |  |  |
| Main Role/Responsibilities and Tasks |  |  |
| How could this voluntary position potentially benefit your employer? |  |  |
| Do you have any **previous employment** in which you continue to have a financial interest? | YESNO |  |
| If yes, please provide the following details:* Company Name
* Role/Job Title
* Type of Business
* Responsibilities
* How could this voluntary position potentially benefit your employer?
 |  |  |
| Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunal panels etc. |  |  |
| Membership and roles in any professional bodies, special interest groups or mutual support organisations. |  |  |
| Provide details of any external interests that may lead to a possible conflict of interest occurring in relation to the IWFM Qualifications and Training Academy. For example:* has worked for a IWFM recognised centre (“centre”) previously (or is still working for a centre)
* has a family member working for a centre
* has a financial stake or shares in a centre
* is a governor at a centre
* has an interest in any of the third parties IWFM works with
 |  |  |
| **Section B: your interests that could conflict with the Institute** |  |  |
| Provide details if you have any interest in the following:* Investments in unlisted companies
* Partnerships and other forms of business
* Directorial or Trustee appointments for any other organisation or charity
* Major shareholdings (1% or above)
* Beneficial interests that have a contractual arrangement with the Institute or are in competition with the Institute, its subsidiaries or associates.
 |  |  |
| Provide details if you have been offered:* Gifts or hospitality offered to you by external bodies that have a contractual arrangement with the Institute
* Gifts or hospitality that are in competition with the Institute, its subsidiaries or associates and whether this was declined or accepted in the last twelve months.
 |  |  |
| Any contractual relationship with the Institute, its subsidiaries, associates including joint ventures or corporate members |  |  |
| Provide details of any other potential conflicts that are not covered by the above |  |  |

Where I have declared a personal interest, I understand this may result in further investigation which is subject to review by the Company Secretary.

To the best of my knowledge, the above information is complete and correct. I undertake to declare any changes to the above to the Company Secretary on governance@IWFM.org.uk, immediately.

FULL NAME: ………………………………………………………………………………….

SIGNED: ………………………………………………………………………………………

COMMITTEE NAME: ……………………………………………………………

COMMITTEE ROLE: ……………………………………………………………

DATE: ……………………………………………………………

This information will be stored and processed in compliance with the General Data Protection Regulation and only for the purpose defined in the Conflicts of Interest policy