**Conflict of Interest Disclosure form**

This form is to be completed by mentors when they believe there is a potential, perceived or real conflict that may influence or have the appearance of influencing the information provided to participants in the FaRM program.

Disclosure is required both upon signing the contract with the Implementing Partner and on an ongoing basis as circumstances may demand.

I would like to register the following potential, real or perceived conflicts of interest.

Participant or Operation name(s):

Nature of potential conflict. (please provide details)

* I acknowledge that I am disclosing what is or may be a conflict of interest.
* I agree to cooperate with the Implementing Partner regarding requests for additional information directly related to and necessary to address this possible conflict.
* I agree to inform the Implementing Partner of any changes to the facts or other relevant details directly related to this conflict.
* I agree to follow the Implementing Partner’s direction in resolving the conflict.

After disclosing a conflict of interest to their Implementing Partner, the mentor has fulfilled their obligation.

Mentor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The final step is for the Implementing Partner to review the Mentor’s disclosure and make a determination whether the conflict and the potential for harm require the conflict to be resolved or mitigated. Each determination of this kind must be based on a case-by-case review of the specific circumstances at issue, and therefore relies on the professional judgment of the Implementing Partner to gauge the overall magnitude of the conflict and decide how it should be addressed.