**ARMMAN’s Ethics Review Board**

**(Letterhead and details)**

**(Form 5D)**

**Conflict of Interest and Confidentiality Agreement for general staff**

**To ARMMAN’s Ethics Review Board (ERB),**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (affiliation / independent consultant), understand that I am attending the ERB meeting as a guest attendee / observer and I cannot actively participate unless expressly asked to do so during the meeting at a point in time. During the course of the meeting, I understand that I will have access to and be privy to project related discussion and information. Upon signing this form, I hereby agree to maintain confidentiality of such discussion and information. I also hereby declare that I do not have any conflict of interest with respect to any of the projects being reviewed.

Enter below the date and number of meeting attended and purpose (to be filled by the secretariat) –

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Signature of the staff member Date

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Signature of the Member Secretary Date