



International Association
For Counselling

Conflict of Interest Declaration

Executive Council Member Name: _____

Date: _____

Do you have:

a. Employment or Consultancy Relationships with counselling or related associations, organisations or providers?

☐ Yes ☐ No

If yes, please provide details: _____

b. Financial interests in counselling or related organisations?

☐ Yes ☐ No

If yes, please provide details: _____

c. Personal or professional relationships with current executive council members?

☐ Yes ☐ No

If yes, please provide details: _____

d. Other interests or relationships related to IAC?

☐ Yes ☐ No

If yes, please provide details: _____

Employment and Financial Interests

Please list any organisations (for-profit or nonprofit) with which you are affiliated, and describe the nature of your relationship (e.g., employee, board member, shareholder, contractor, etc.):

Organisation Name	Position/Role	Nature of Interest (financial, governance, etc.)

Family or Close Personal Relationships

Do you or any immediate family members have any financial interest, position, or affiliation with organisations that may do business with or impact decisions of this council?

☐ Yes ☐ No

If yes, please describe:

Other Potential Conflicts

Are you involved in any other activities, roles, or circumstances that could potentially present a conflict of interest (including outside consulting, investments, gifts, or favors received)?

☐ Yes ☐ No

If yes, please explain:

Statement of Commitment

I confirm that I will conduct myself with integrity and make decisions in the best interests of the association. I agree to promptly disclose any new conflicts of interest should they arise during my term, if elected.

Signature of Candidate: _____

Date: _____

For Office Use Only

Reviewed by: _____

Date of Review: _____