

Form 600.3

**STATUTORY DECLARATION
CONFIRMING THE ABSENCE OF ANY CONFLICT OF INTEREST
OF THE MEMBERS OF EXTERNAL EVALUATION COMMITTEES**

I accept the invitation of the Council of the Agency of Quality Assurance and Accreditation (CYQAA) in Higher Education dated DD MMMM YYYY, for my participation in the External Evaluation Committee of the department(s) and the programme(s) of study:

“

Click to enter department/programme

Click to enter department/programme

Click to enter department/programme

”

of the Public/Private institution(s) of higher education

Click to enter Institution

Click to enter Institution

and I hereby declare the following:

1. According to Article (17)(1)(d)(iv) of the "Quality Assurance and Accreditation in Higher Education and the Establishment and Operation of an Agency on Related Matters Laws" of 2015 to 2021 [L. 136 (I)/2015 - L. 132(I)/2021], I do not or I did not have during the last three (3) years any academic, research, service, financial or personal cooperative relation with the institution/s under evaluation.
2. I am not associated with:
 - the institution(s) under evaluation
 - the department(s) under evaluations
 - any persons involved in the department(s)/programme(s) of study and/or chief administrative/academic personnel
 - any other institution(s) associated with the institution(s) under evaluation
 - any other institution(s) in Cyprus which operate similar programme(s) of study
 - any other state of affairs which, to my knowledge, may create conditions of conflict of interest during the assignment of the duties I have undertaken

I hereby declare that I will not accept employment to the institution(s) under evaluation for the next 4 (four) years.

I hereby declare that I will hold and treat all information, regarding the institution(s)/the department(s)/ programme(s) of study under evaluation, as confidential and will implement and

maintain safeguards to further assure the confidentiality of the information. Such Confidential Information will not be disclosed or used other than for the purposes of the external evaluation of the institution(s)/the department(s)/the programme(s) of study under evaluation mentioned above.

3. I do not have any personal or family relationship up to the fourth degree, by blood or by marriage or any hatred for persons involved with the institution(s).
4. I have no current or past collaboration in research or writing with academic members of the institution under evaluation, nor any other form of collaboration.
5. I will operate objectively within the scope of improving the quality of Higher Education and I will abstain, in any way, from promoting the interests of the institution/s, body or service of which I am affiliated and/or any other organisation, body or service.
6. During the evaluation period I will abstain from any other event(s)/activity(ies)/meeting(s) of the institution(s) or its/their members which does(do) not fall within the framework of evaluation.
7. I will apply the principles of non-discrimination during the carrying out of my duties.
8. The acceptance of the invitation constitutes guarantee of my impartial judgement and application of the principles of sound administration during the exercise of my duties.

Contact Information

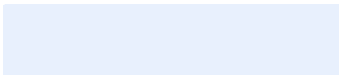
Full Name: Lastname Firstname M.I.
Last First M.I.

Position: Position.

Specialty: Specialty

Institution: Institution.

Phone: Phone E-Mail: E-Mail

Date: Date Signature: 



ΦΟΡΕΑΣ ΔΙΑΣΦΑΛΙΣΗΣ ΚΑΙ ΠΙΣΤΟΠΟΙΗΣΗΣ ΤΗΣ ΠΟΙΟΤΗΤΑΣ ΤΗΣ ΑΝΩΤΕΡΗΣ ΕΚΠΑΙΔΕΥΣΗΣ
CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION

