

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 MM YYYY, for my participation in the External Evaluation Committee of the programme(s) of study:

“

”

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

and I hereby declare the following:

1. According to the Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Laws of 2015 and 2016 (Article 17 (1) (d) (iv)), 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
 - any persons involved in the 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 2 (two) years in the case of Masters and 4 (four) years in the case of undergraduate programme.

I hereby declare that I will hold and treat all information, regarding the 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 programme(s) of study 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 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.
5. 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.
6. I will apply the principles of non-discrimination during the carrying out of my duties.
7. 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: _____
Last *First* *M.I.*

Position: _____

Specialty: _____

Institution: _____

Phone: _____ E-Mail: _____

Date: _____ Signature: _____