



CyberSecDome

An innovative Virtual Reality based intrusion detection, incident investigation and response approach for enhancing the resilience, security, privacy and accountability of complex and heterogeneous digital systems and infrastructures.

CyberSecDome Open Call Conflict of Interest Declaration Form

1 Evaluator Information

Name & Surname: Name & Surname **Email:** samplemail@email.com
Organization: Organisation Name **Proposal ID** P00000

2 Declaration of Potential Conflicts

Please indicate if any of the following situations apply to you. Check all that apply:

I have a personal relationship (e.g., family member, close friend, or acquaintance) with any individual or organization involved in a proposal under evaluation

I have a professional relationship (e.g., current or previous employment within the past three years, collaboration, or consultancy) with an applicant or organization involved in a proposal.

I have a financial interest (e.g., investments, partnerships, or other financial ties) in the success of any proposal.

Other potential conflicts of interest :(Please Specify)

Details (if any of the above are selected):

Provide a description of the conflict, including the names of the organization(s) or individual(s) involved and the nature of your relationship.

3 Acknowledgement and Compliance

By signing this form, I declare that:

1. The information provided above is accurate to the best of my knowledge.
2. I will notify the CyberSecDome Open Call Management Team (OCMT) immediately if I identify any potential conflict of interest during the evaluation process.
3. I will recuse myself from evaluating any proposal where a conflict of interest exists.
4. I understand that failure to declare a conflict of interest may result in my removal from the evaluation panel and other consequences as outlined in the Ethical Guidelines.

Date: _____

Signature: _____



4 For Official Use Only

Reviewed by OCMT Representative Name & Surname

Conflict Identified Yes No

Action Taken Recusal Reassignment of Proposal No Action Required

Date: _____

Signature: _____