DAI CONFLICT OF INTEREST POLICY

BACKGROUND
The purpose of the following guidelines is to prevent and avoid conflicts of interest that may arise between the Board, volunteers and staff leadership and the best interests of Dementia Alliance International (DAI).

The underlying principle is that Board, volunteers and staff leadership must establish by example and attitude an atmosphere of personal integrity. Some situations need only a brief informal comment to maintain that climate. In other situations a decision may be delayed because of the need to ensure that the decision has been made truly in the best interests of DAI.

There are three simple safeguards that can go a long way towards preventing and avoiding conflicts of interest.

1. A conflict of interest policy, signed and acknowledged by all board members at the time they join the Board and renewed annually.
2. Establishing disclosure as a normal habit or practice. Board members should find it customary for someone to say, for example, "This next agenda item relates to joining a collaboration with another organisation. As I am a board member of that organisation I have a potential conflict of interest and I am going to excuse myself from this discussion." Disclosures and excusal from voting should be recorded in the meeting's minutes.
3. As meetings are held via zoom, only requirement is that volunteers and staff cannot participate in the discussion. The Chair can, if required, ask them to leave the meeting.
4. If major purchases/services are contemplated where a board member may financially benefit, competitive written bids should be obtained to ensure that prices and products are comparable and the board member should not take part in any discussion relating to the proposed purchase.

EXAMPLES OF CONFLICT OF INTERESTS TO DECLARE:

Relationships with Dementia/advocacy organisations
- Employment as a staff member or contractor
- Voluntary - board member of national association, volunteer on helpline for association branch, board member of regional group
- Member of an advisory group to a national/regional association
- Financial support to attend DAI, ADI or other meetings
- Relationships with pharmaceutical companies or DAI sponsors
- Personal financial gain - payment for advice or employment
- Advisor
- Institutional/Employer benefit - you or your employer are an investigator for clinical trial
Relationships with Dementia/advocacy organisations

Board member / advisor:
- IPA (International Psychogeriatrics Association)
- World Federation of Neurology
- WHO
- Other related associations / foundations / government organisations

10/66 Dementia Research Group
- Active member of 10/66
- Receive funding from ADI or other organisations for 10/66 work

Business
Conference organising, printing, travel, communications, PR, legal, financial, where you offer services that could be used by DAI in relation to a specific activity

Professional
Where your day to day work (advocacy) could be influenced by policy decisions/position statements/standards of DAI, e.g. nursing home/day care administrator

Family
Also consider if any of your family have something which may be a potential conflict of interest for you.

CONFLICT OF INTEREST POLICY
The standard of behaviour at Dementia Alliance International is that all staff, volunteers, and board members scrupulously avoid any conflict of interest between the interests of DAI on one hand, and personal, professional, and business interests on the other. This includes avoiding perceptions of conflicts of interest as well as actual conflicts of interest.

I understand that the purposes of this policy are: to protect the integrity of DAI's decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputation of volunteers, staff and board members.

Upon or before election, employment or appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my professional interests, business or other voluntary/ charitable/ non-profit affiliation), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I may be requested to exclude myself from the discussion, or leave the meeting, and will not be permitted to vote on the question.

I understand that this policy is meant to be a supplement to good judgment, and I will respect its spirit as well as its wording.
DAI CONFLICT OF INTEREST DECLARATION

I have the following conflict of interests to declare (if none, write “None”):

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Name: ___________________________ Date: ________________

Signed: _________________________