

# Conflict of interest Declaration and management form

Complete this form if you have identified a perceived, potential or actual conflict between your private interests and public duties. You must complete the form at the time the conflict of interest is identified, as accurately and comprehensively as possible. Read the [Code of Conduct Procedures](#) for more information.

## Section 1: Employee details

Name:

Job title:

Work location:

Phone:

Email:

## Section 2: Disclosure details

**The actual, potential or perceived conflict of interest relates to:** *(tick all appropriate boxes)*

- |                                                                |                                                                             |
|----------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Relationship with family or friends   | <input type="checkbox"/> Personal/intimate relationship with a staff member |
| <input type="checkbox"/> Relationship with external parties    | <input type="checkbox"/> Provision of external consultancy services         |
| <input type="checkbox"/> Outside work activities (paid/unpaid) | <input type="checkbox"/> Other (please provide details below)               |
| <input type="checkbox"/> Financial interest                    |                                                                             |

**The following actual, potential or perceived conflict of interest has been identified:**  
*(provide all relevant details)*

**The (actual, potential or perceived) conflict is expected to last:** *(tick appropriate box)*

- |                                      |                                                    |
|--------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> 0-12 months | <input type="checkbox"/> over 12 months or ongoing |
|--------------------------------------|----------------------------------------------------|

### Section 3: Management Plan (to be completed by principal/workplace manager)

**In my assessment of the details provided:**

- do not constitute a conflict of interest, and I authorise the employee to continue the activity (go to section 4)
- do constitute an actual, potential or perceived conflict of interest (provide a detailed action plan below)

**If the situation does constitute a conflict of interest, the following have to be considered:**

- ensure all information surrounding the conflict has been disclosed and documented
- inform likely affected persons of the conflict, seeking their views where relevant as to whether they object
- reformulate the employee's scope of work or restrict access to certain information
- recruit a third party to oversee part or all of the process
- recommend to relinquish the private interest that is causing the conflict
- temporarily remove the employee from the process or responsibilities
- monitor the employee's activities closely in relation to the conflict of interest
- take no further action because the conflict is minimal.

**I have reviewed the above considerations and request that the employee takes the following action to eliminate and/or manage the conflict:**

**I will ensure this management plan is reviewed:**

- within 1 month
- within 3 months
- within 6 months
- within 12 months
- Other - specify
- N/A the conflict is one-off or short duration

#### Section 4: Employee's declaration

To the best of my knowledge any actual, perceived or potential conflict between my duties as an employee and my private interests have been fully disclosed in this form in accordance with the requirements of the [Code of Conduct Procedures](#).

I acknowledge, and agree to comply with, any approach identified in this form for removing or managing an actual, perceived or potential conflict of interest.

I undertake to make a further declaration should a change in my circumstances give rise to any further actual, potential or perceived conflict of interest.

**Signature:**

**Date:**

#### Section 5: Principal/workplace manager declaration

The actions described in the approach outlined in Section 3 have been put in place to effectively manage any actual, potential or perceived conflict of interest disclosed in Section 2.

I undertake to adhere to the documented conflict of interest risk management plan and to monitor my employee's adherence to the management plan, which is in place to ensure that the department's reputation and the public interest is adequately protected.

**Name:**

**Signature:**

**Date:**