

DISCLOSURE OF A CONFLICT OF INTEREST FORM

This form must be completed by a staff member or titleholder who has an actual, potential or perceived conflict of interest.
Refer to the Conflict of Interest Procedure and Information Sheet for further information.

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)

Staff ID number		Position title	
Surname		Given names	
School/Branch		Work contact number	

TO COMPLETE THIS PROCEDURE

- 1 Complete Parts A to G of the Disclosure Form and provide it to your supervisor as soon as possible personally or by email.
- 2 Provide any information required to properly assess the materiality of the conflict.
3. On receipt of the Disclosure Form your supervisor will discuss it with you and propose an appropriate plan for managing the conflict of interest, which should be recorded in Part G of the Disclosure Form.
4. Forward the completed Disclosure Form to your supervisor who will then forward to the Head of School/Branch for approval.
5. Record and upload your approved Disclosure Form in Staff Services Online (SSO) for your supervisor to confirm as approved.

DISCLOSURE STATEMENT (attach additional pages if required)

A	I am declaring a conflict of interest which is:
	<input type="checkbox"/> Actual <input type="checkbox"/> Potential <input type="checkbox"/> Perceived
B	Describe the nature of the conflict of interest
C	Describe how this conflict might influence or be seen to influence you
D	Clinical trials: Are you conducting a clinical trial which is sponsored by any person or organisation with a significant interest in the results of the trial?
	<input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No

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DISCLOSURE STATEMENT (attach additional pages if required)

E	Sponsored Research: Are you conducting research that is sponsored by any person or organisation with a significant interest in the results of the research?		
	<input type="checkbox"/> Yes (provide details)	<input type="checkbox"/> No	
F	Externally funded research, publications or consultants: Have you declared this conflict of interest to the responsible officer of the relevant third party or external entity?		
	<input type="checkbox"/> Yes (provide details)	<input type="checkbox"/> No (Provide an explanation)	
G	The conflict of interest will be managed, mitigated, or eliminated by:		
	<input type="checkbox"/> Disclosing the conflict of interest to a relevant external entity which will manage the conflict.		
	<input type="checkbox"/> Putting in place the following Conflict Management Plan :		

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CERTIFICATION BY STAFF MEMBER OR TITLEHOLDER

I, (print full name) _____, have disclosed in this statement all relevant information to the conflict of interest described in B above and hereby agree to:

- ☐ Update this disclosure on an annual basis or any time as the conflict changes or ceases to exist; and
☐ Comply with any conditions or restrictions imposed by the University to manage, mitigate, or eliminate any actual, potential, or perceived conflict of interest.

Signature _____

Date: / /

ENDORSEMENT BY SUPERVISOR

I, (print full name) _____, have discussed this Disclosure Form with the staff member or titleholder concerned and endorse the conflict management plan outlined at G.

Signature _____

Date: / /

APPROVAL BY HEAD OF SCHOOL/BRANCH (supervisor to email and receive response)

I, (print full name) _____, have reviewed the Disclosure Form and conflict management plan outlined at G and **(select as appropriate)**:

- ☐ Believe that the conflict management plan outlined at G will adequately manage, mitigate, or eliminate the conflict of interest and will continue to monitor the situation.
☐ Cannot adequately resolve the conflict of interest with the staff member or titleholder concerned and have referred the matter to the Area Manager for advice and direction on how to manage the conflict of interest.
☐ I have reported the conflict of interest to the HR Advisor as it relates to a close personal relationship between staff members/titleholders who work together or a staff member/titleholder and their direct report.
☐ Have referred the conflict of interest to the Deputy Vice-Chancellor (Research) as it relates to research associated with the University.

Signature _____

Date: / /

APPROVAL BY AREA MANAGER (supervisor to email and receive response)

I, (print full name) _____, have reviewed the Disclosure Form and conflict management plan outlined at G and have taken the following action in relation to this matter:

Signature _____

Date: / /

APPROVAL BY THE DEPUTY VICE-CHANCELLOR AND VICE-PRESIDENT (RESEARCH) (FOR RESEARCH CASES ONLY)

I, (print full name) _____, have reviewed the Disclosure Form and conflict management plan outlined at G and have taken the following action in relation to this matter:

Signature _____

Date: / /

This Disclosure Form must be stored confidentially on the staff member's or titleholder's SSO file in accordance with the University's [Privacy Policy](#). Contact the HR Service Centre for assistance.

Behaviour and Conduct Handbook	Conflict of Interest Procedure - Disclosure Form	Effective Date:	03 April 2023	Version 1
Authorised by	Chief Operating Officer	Review Date:		Page 3 of 3