

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 Statement 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 Statement your supervisor will discuss it with you and propose an appropriate plan for managing the conflict of interest, which should be recorded in Part F of the Disclosure Statement.
4.	The completed Disclosure Statement should be forwarded to the Head of School/Branch for approval.
5.	Your Head of School/Branch will arrange for the completed disclosure Statement to be stored confidentially on your file.

DISCLOSURE STATEMENT (if required, attach additional pages)

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	Outline how you propose to manage this conflict
E	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 (If required, attach additional pages)

F	Sponsored Research: Are you conducting research that is sponsored by any person or organisation with a significant interest in the results of the research?
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<input type="checkbox"/> Yes (provide details)	<input type="checkbox"/> No
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G	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?
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<input type="checkbox"/> Yes (provide details)	<input type="checkbox"/> No (Provide an explanation)
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H	The conflict of interest will be managed, mitigated or eliminated by:
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<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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Warning	This process is uncontrolled when printed. The current version of this document is available on the HR Website.			

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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 until such time as the conflict 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 (IF APPLICABLE)

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

Signature _____ Date / /

APPROVAL BY HEAD OF SCHOOL/BRANCH

I, (print full name) _____ have reviewed the Disclosure Statement and conflict management plan outlined at H and **(delete as appropriate)**:

- Believe that the conflict management plan outlined at H 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

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

Signature _____ Date / /

This Disclosure Statement must be stored confidentially on the staff member's or titleholder's HPRM file, in accordance with the University's [Privacy Policy](#). (Contact Records Management Office for assistance)

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