

Conflict of Interest Declaration Form



Please complete all details in this form if you believe that you may be involved in a conflict-of-interest situation or if you are unsure and seek to disclose a potential or perceived conflict of interest. Please refer to the Code of Conduct for guidance on conflicts of interest. **For new staff** – if you are submitting a nil return, please note “N/A” in Sections 2 and 3.

SECTION 1: PERSONAL DETAILS

NAME: [Click here to enter text.](#)

JOB TITLE / AREA OF RESPONSIBILITY: [Click here to enter text.](#)

PHONE: [Click here to enter text.](#)

EMAIL: [Click here to enter text.](#)

SECTION 2: DISCLOSURE DETAILS

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

- | | |
|--|--|
| <input type="checkbox"/> Relationship with family or friends | <input type="checkbox"/> Staff recruitment |
| <input type="checkbox"/> Outside work activities (paid/unpaid) | <input type="checkbox"/> Relationship with external parties |
| <input type="checkbox"/> Financial interest | <input type="checkbox"/> Disposal of assets |
| <input type="checkbox"/> Gifts/benefits | <input type="checkbox"/> Provision of external consultancy services |
| <input type="checkbox"/> Provision of private services | <input type="checkbox"/> Other (if you selected other, please provide details) |
| <input type="checkbox"/> Procurement of goods and services | |

The following actual, potential, or perceived conflict of interest has been identified *(please refer to Part 4 and Part 5 of the Code of Conduct for guidance on conflicts of interest)*.

[Click here to enter text.](#)

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

0–12 months

>12 months or ongoing

SECTION 3: TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR

In my opinion the details provided: *(tick appropriate box)*

- 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 (please provide a detailed action plan below).
- indicate a nil return for the employee at the date of the employee's declaration.

If the situation does constitute a conflict of interest, please ensure that the following actions have been 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 scope of work or restricting access to certain information.
- recruit an independent party to oversee part or all of the process.
- recommend relinquishing the interest that is causing the conflict.
- temporarily remove the person from the process or responsibilities
- monitor the person's activities closely in relation to the conflict of interest.

- take no further action because the conflict is minimal.

For non-pecuniary conflicts, please refer to Part 5 of the Code of Conduct. Non-pecuniary conflicts must be assessed as either significant or not significant. How you manage a non-pecuniary conflict of interest will depend on whether or not it is significant.

I have reviewed the above considerations and require the Employee to comply with the following specific action plan to eliminate/manage the conflict:

Click here to enter text.

I will ensure this action 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 and belief any actual, perceived, or potential conflicts between my duties as an employee and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the Code of Conduct.

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.

SIGNATURE:

DATE:

SECTION 5: EMPLOYEE'S SUPERVISOR

Any actions described in the approach outlined in Section 3 have been put in place to effectively manage actual, potential, or perceived conflict of interest disclosed in Section 2. The approach outlined in Section 3 ensures that the Council's public interests and reputation is adequately protected.

NAME: Click here to enter text.

SIGNATURE:

DATE:

SECTION 6: DIRECTOR AUTHORISATION

I acknowledge that I have reviewed the conflict-of-interest declaration form and authorise any action plan included in Section 3.

NAME: [Click here to enter text.](#)

SIGNATURE:

DATE: