Sample conflict of interest declaration and action form

# ‘Conflict of interest declaration and action’ form

Use this form if you believe that you may be involved in a conflict of interest situation or if you are unsure and want formal clarification. Please read the [Fact Sheet |Conflict of interest](http://www.education.vic.gov.au/Documents/about/research/acfepublications/rchubconflict.docx) before completing this form.

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| --- |
| **Section 1: Regional Council member details** |
| **Name** |  |
|  |  |  |  |
| **Contact number** |  | **Email** |  |
|  |  |  |  |
| **Section 2: Regional Council member disclosure** |
| **The following conflict of interest has been identified.** |
|  |
| **The conflict relates to (tick appropriate box/s):** |
|  | Relationship with another Board/Council member |  | Outside work activities (paid/unpaid) |
|  |  |  |  |
|  | Relationship with family or friends |  | Relationship with external parties |
|  |  |  |  |
|  | Conflict of duty  |  | Financial interest |
|  |  |  |  |
|  | Other (please detail) |  |  |
|  |  |  |  |
| **The conflict is expected to last (tick appropriate box):** |  |  |  |
|  | 0–12 months |  |  |
|  |  |  |  |  |
|  | >12 months or ongoing |  |
|  |  |  |  |  |

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| **Section 3: To be completed by the chair or deputy chair** |
| **In my opinion the details provided (tick appropriate box):** |
|  | do not constitute a conflict of interest, and I authorise the Council member to continue the activity (go to Section 4) |
|  |  |
|  | do constitute an actual, potential or perceived conflict of interest (if ticked, please provide a detailed action plan below). |

**If the situation does constitute a conflict of interest, the following has been considered:**

* ensuring all information surrounding the conflict has been disclosed and documented
* informing likely affected persons of the conflict, seeking their views where relevant as to whether they object
* reformulating the member’s scope of work or restricting access to certain information
* relinquishing the interest that is causing the conflict
* removing the person from existing duties
* monitoring the person’s activities closely in relation to the conflict of interest
* taking no further action because the conflict is minimal.

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| **I have reviewed the above considerations and request that the Regional Council member takes the following action to eliminate/manage the conflict:** |
|  |
| **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 |
|  |  |  |  |  |

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| **Section 4: Council member’s declaration** |
| **To the best of my knowledge and belief, any actual, perceived or potential conflicts between my duties as a member of the ……………………………………………..Regional Council of ACFE and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the Regional Council Conflict of Interest Policy.****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: Chair or deputy chair’s 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. The approach outlined in Section 3 ensures that the Regional Council’s public interests and reputation is adequately protected.**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Originals to be securely retained on file held by the Manager, ACFE Board Secretariat**