

Conflict of Interest Declaration Form

Please complete 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 read the St Mary's Conflict of Interest Policy.

SECTION 1: PERSONAL DETAILS

NAME:

JOB TITLE / AREA OF RESPONSIBILITY:

PHONE:

EMAIL:

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 school assets |
| <input type="checkbox"/> Gifts/benefits | <input type="checkbox"/> Provision of external consultancy services |
| <input type="checkbox"/> Provision of private tutoring | <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 insert 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"/> >12 months or ongoing |
|--------------------------------------|--|

SECTION 3: TO BE COMPLETED BY THE PRINCIPAL / EMPLOYER

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

- | |
|--|
| <input type="checkbox"/> do not constitute a conflict of interest, and I authorise the employee to continue the activity (go to Section 4). |
| <input type="checkbox"/> do constitute an actual, potential or perceived conflict of interest (please provide a detailed action plan below). |

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 a third party to oversee part or all of the process
- recommend to relinquish 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.

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

I will ensure this action plan is reviewed:

- | | | |
|---|--|---|
| <input type="checkbox"/> Within 1 month | <input type="checkbox"/> Within 3 months | <input type="checkbox"/> Within 6 months |
| <input type="checkbox"/> Within 12 months | <input type="checkbox"/> Other – specify | <input type="checkbox"/> 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 St Bernadette’s 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: PRINCIPAL / EMPLOYER

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 St Bernadette’s public interests and reputation is adequately protected.

NAME:

SIGNATURE:

DATE: