Conflict of Interest Declaration Form

Section 1: To be completed by the staff member disclosing conflict of interest

<table>
<thead>
<tr>
<th>Details of University staff member reporting the conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
</tr>
<tr>
<td><strong>Surname</strong></td>
</tr>
<tr>
<td><strong>Employee Number (if applicable)</strong></td>
</tr>
<tr>
<td><strong>Position</strong></td>
</tr>
<tr>
<td><strong>College/Faculty/Division</strong></td>
</tr>
<tr>
<td><strong>School/Unit</strong></td>
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</tbody>
</table>

Details of Conflict of Interest Disclosure:

<table>
<thead>
<tr>
<th>Date conflict occurred:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date conflict was identified:</td>
</tr>
<tr>
<td>Date conflict was reported:</td>
</tr>
</tbody>
</table>

Conflict characterised by:

- [ ] Relationship with another staff member
- [ ] Relationship with family or friends
- [ ] Relationship with external parties
- [ ] Financial interest
- [ ] Outside work activities (paid/unpaid)
- [ ] Conflict of duty eg membership of another public or private organisation
- [ ] Other (please details):

This conflict is expected to last:

- [ ] 0 – 12 months
- [ ] >12 months
Section 2: To be completed by relevant Supervisor or Head of Budget Centre

Assessment of Conflict:

☐ DOES NOT constitute a conflict of interest, I authorise the staff member to continue the activity - Go to Section 3

☐ DOES constitute an actual, potential or perceived conflict of interest - if ticked, provide a detailed action plan below

It is the responsibility of the officer in receipt of the disclosure to identify and, where necessary, create an action plan to manage the disclosing person’s conflict. The action plan should be created in consultation with the disclosing person. Refer to Section 6.4 of the Conflict of Interest Policy when devising action plan.

Management action plan:

I have reviewed guidance material and request that the staff member takes the following action to eliminate/manage the conflict of interest:

☐ N/A as the conflict is of short duration
☐ Within 3 months
☐ Within 6 months
☐ Within 12 months
☐ Other – please specify:

I will ensure that this action plan is reviewed:

Section 3: To be completed by relevant Supervisor or Head of Budget Centre

To the best of my knowledge and belief, any actual, perceived or potential conflicts between my duties at the university and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the 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.

University staff member signature

Date

Section 4: Supervisor or Head of Budget Centre declaration

The actions described in the approach outlined in Section 2 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 2 ensures that the University’s interests and reputation is adequately protected.

Supervisor or Head of Budget Centre details (first and last name and position)

Date

PLEASE FORWARD COMPLETED FORM TO RELEVANT HEAD OF BUDGET CENTRE’S OFFICE