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| **CONFLICT OF INTEREST DECLARATION FORM** |

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| --- | --- |
| **Employee Name:** |  |
| **Position:** |  |
| **Employee Department:** |  |
| **Team Leader:** |  |
| **Date Vacancy Notified:** |  |

|  |
| --- |
| **TYPE OF CONFLICT OF INTEREST** |
| **Actual:** |
| **Perceived:** |
| **CONFLICT OF INTEREST DETAILS** |
|  |

*Please provide brief details of the Conflict of Interest.*

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| **PROPOSED MANAGEMENT OF CONFLICT OF INTEREST** |
|  |

*Please provide details on how Conflict of Interest is going to be managed.*

|  |  |
| --- | --- |
| **ACKNOWLEDGEMENT** | |
| **Employee Signature:** |  |

|  |  |
| --- | --- |
| **APPROVALS** | |
| **Authorising Officer:** |  |
| **Authorising Signature:** |  |
| **Date:** |  |
| **Approved Form - sent to HR:** | **YES  NO DATE:** |

*Notes: In the section above the decision maker should document what decision they have come to and the reasoning behind it. For example the decision maker may note “We are happy to employee XY however their direct line manager will be ZZ.”*