| **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) | | | |
| ☐Management | | ☐Staff recruitment | |
| ☐Outside work activities (paid/unpaid) | | ☐Relationship with external parties | |
| ☐Financial interest | |  | |
| ☐Gifts/benefits | | ☐Provision of external consultancy services | |
| ☐Participant | | **☐** Other (if you selected other, please provide details) | |
| ☐Participant enrolled in another provider | |  | |
| 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)* | | | |
| ☐0–12 months | | ☐>12 months or ongoing | |
| **SECTION 3: TO BE COMPLETED BY THE PRINCIPAL / PROVIDER** | | | |
| **In my opinion the details provided:** *(tick appropriate box)*  ☐ **D**o 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). | | | |
| **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 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. | | | |
| **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:** | | | |
| ☐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: DECLARATION** | | | |
| --- | --- | --- | --- |
| To the best of my knowledge and belief any actual, perceived, or potential conflicts between my duties as a stakeholder of Minto Disability Services and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of Minto Disability Services 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 / PROVIDER** | | | |
| --- | --- | --- | --- |
| 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 Minto Disability Services public interests and reputation is adequately protected. | | | |
| Name: |  | | |
| Signature: |  | Date: |  |
|  |  |  |  |