**Conflict of Interest Declaration Form**

# Important Information

1. **Who must complete this form**
   1. Any employee who has identified a conflict between their private interests and public duties.
   2. Any employee engaged in a consensual personal relationship where a direct hierarchical relationship is in place (refer to definition section below).
   3. All employees involved in a project (e.g. procurement and tendering etc.) considered to be high risk (e.g. based on the nature or value of the project).
   4. All employees on a recruitment panel.
   5. Any workplace participant (e.g., employees, contractors/consultants) assessed by [Health Service] as warranting a declaration on the basis of potential, perceived or actual conflict of interest risk (this will be decided having regard to the risk based approach set out in the Conflict Of Interest (COI) policy).
2. **How often must this form be completed**
   1. This form must be completed:
      * At the time a conflict of interest is identified.
      * Prior to commencement of the project or recruitment process.
      * At any time instructed by the employee’s manager.
3. **What to do with the completed form** 
   1. The following steps must be taken to complete the declaration process:
      * Employee to complete Part A and B of the form and provide to manager;
      * Manager and employee to complete risk management plan at Part C (where relevant) and sign declaration at Part D; and
      * Note: [health services] should specify how and where COI declaration forms are recorded/registered – ensuring that a report goes to the Audit and Risk Management Committee at least annually on the administration and quality control of the conflict declaration process.
4. **Filling in this form**
   1. Complete the form as accurately and comprehensively as possible.
   2. Type or write your answers legibly.
   3. Provide an answer for each question. Do not leave any questions unanswered.
   4. See the [Health Service’s] Conflict of Interest policy for further information and contact details for advice on completing this form.

**Definition to assist in completing this form:**

**Conflict of interest:** a conflict of interest arises when an employee has private interest that could improperly influence, or be seen to influence, their decisions or the performance of their public duties. Conflicts can be actual, potential or perceived and can be financial or non-financial in nature. See the [Health Service’s] Conflict of Interest policy for further details.

**Consensual personal relationships:** include consensual sexual, intimate and/or romantic relationships between adults of any sex or gender identity. Relationships of this kind may be on a casual, periodic or regular basis and may or may not constitute a primary relationship. A familial relationship of spouse or de facto partner also constitutes a consensual personal relationship. Where there is a direct hierarchical relationship in place, consensual personal relationships must be declared to a manager, a designated disclosure officer (e.g. Human Resources officer) or a designated management representative.

**Direct hierarchical relationship:** a relationship where employees are of different levels of seniority in an organisation, within the same reporting line. The senior employee may not have direct management or supervision of the subordinate employee, but has some level of decision power or other authority over their role.

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| --- | --- | --- | --- |
| Part A: Employee, manager and project details (this may refer to the employee’s line manager or a particular project or procurement manager) | | | |
| A1: Employee details | | | |
| Name: |  | Position Title: |  |
| Office Location: |  | Contact Number: |  |
| Email: |  | Financial delegation: | Yes, for $\_\_\_\_\_\_\_; or  No |
| A2: Manager details | | | |
| Name: |  | Position Title: |  |
| Office Location: |  | Contact Number: |  |
| Email: |  |  |  |
| A3: Project / work details | | | |
| This declaration is made in relation to the following project/task: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Part B: Identification of a conflict interest risk | | | |
| B1: I have made the following assessment:  (tick appropriate box) | **No risk of conflict of interest identified**  I have considered the nature of the project/task, considered my professional duties and personal interests and declare that to the best of my knowledge no actual, potential or perceived conflict risk of exists. **(Go to Part D)**  **Risk of conflict of interest identified**  I have considered the nature of the project/task, considered my professional duties and personal interests and consider that an actual, potential or perceived conflict of interest risk exists. **(Go to Part C)** | | |
| Part C: Conflict of interest management plan | | | |
| C1: Type of conflict of interest identified | | | |
| The following conflict of interest risk was identified:  Useful information: state the specific personal interest identified (e.g. relationship with employee/friend/family; financial interest; conflict of duty etc.) and detail how this raises an actual potential or perceived conflict of interest with the employee’s public duties | | | |
|  | | | |
| C2: Management plan for employee’s conflict of interest | | | |
| The employee and manger will take the following action to manage the conflict of interest:  Useful information: this management plan will ensure conflict risks are managed and resolved in favour of the public interest rather than that of the employee and will be based on the following mitigation strategies:  Restrict: restrictions are placed on the employee’s involvement in the matter  Recruit: a disinterested third party is used to oversee part or all of the process that deals with the matter  Remove: the employee removes themselves, or is removed, from the matter  Relinquish or Resign: the employee relinquishes the private interest that is creating the conflict. Where relinquishing the interest is not possible (e.g. relationship with family) and the conflict cannot be managed in the public interest using one of the other options above, the employee may consider resigning. | | | |
|  | | | |
| C3: The employee and manager will ensure this management plan is reviewed: | Within 1 month | Within 3 months | Within 6 months |
| Within 12 months | N/A as the conflict is a one-off of short duration | |
| Other (specify): |  | |
| Part D: Declaration | | | |
| D1: Employee declaration | | | |
| I declare that to best of my knowledge, the information in this form is true and correct. Any actions described in Part C of the form have been put in place to effectively manage any actual, perceived or potential conflict of interest. I undertake to adhere to any conflict of interest risk management plan set out in Part C to ensure that the [Health Service’s] reputation and the public interest is adequately protected.  I undertake to make further declaration should a change in my circumstances give rise to an expectation of a conflict of interest. | | | |
| Employee Signature: |  | | |
| Employee Name: |  | | |
| Date: |  | | |
| D2: Manager declaration | | | |
| I undertake to adhere to any conflict of interest risk management plan set out in Part C, and to monitor my employee’s adherence to the management plan, which is in place to ensure that the [Health Service’s] reputation and the public interest is adequately protected. | | | |
| Manager Signature: |  |  |  |
| Manager Name: |  |  |  |
| Date: |  |  |  |

# Disclaimer

The information presented in this document is general in nature and based on HealthShare Victoria’s interpretation of the Health Services Act 1988 (Vic) and any ancillary legislation and regulations in effect at the time and should not be relied upon as legal advice. Please consider seeking professional and independent advice from your legal representative as to the applicability and suitability of this information and the legislation to your own business needs or circumstances.