

Declaration of Interest Disclosure Form - Staff and Affiliates

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This form serves as a guide for the type of information required to declare an actual, potential or perceived conflict of interest. Declarations are made using an on-line form in Service Central. For more information, please read the ACU Declaration of Interest Policy.

SECTION 1: PERSONAL DETAILS

NAME: [Click here to enter text.](#)

FACULTY / INSTITUTE / DIRECTORATE / POSITION: [Click here to enter text.](#)

PHONE: [Click here to enter text.](#) EMAIL: [Click here to enter text.](#)

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"/> Recruitment of staff |
| <input type="checkbox"/> Outside work activities (paid/unpaid) | <input type="checkbox"/> External parties' relationship |
| <input type="checkbox"/> Financial interest | <input type="checkbox"/> Disposal of ACU assets |
| <input type="checkbox"/> Gifts/benefits | <input type="checkbox"/> Provision of external consultancy services |
| <input type="checkbox"/> Provision of private tutoring (ACU students) | <input type="checkbox"/> Board appointment (paid or unpaid) |
| <input type="checkbox"/> Procurement of goods and services | <input type="checkbox"/> Other (please provide details) |

The following actual, potential or perceived conflict of interest has been identified. *(insert all relevant details)*

[Click here to enter text.](#)

The (actual, potential or perceived) conflict is expected to last: *(tick appropriate box)*

- <1 month
 1 – 3 months
 3- 12 months
 >12 months or ongoing

SECTION 3: TO BE COMPLETED BY MANAGER / SUPERVISOR OR RELEVANT ACU REPRESENTATIVE

The details provided by the staff member or affiliate: *(tick appropriate box)*

- do not constitute a conflict of interest, and the staff member or affiliate is authorised to continue the activity (go to Section 4).
 constitute an actual, potential or perceived conflict of interest (see detailed action plan below).

If the situation does constitute a conflict of interest, the following actions should be considered:

- ensure all information surrounding the conflict has been disclosed and documented
- inform any affected persons of the conflict, seeking their views (if relevant) and whether they object
- redefine the scope of work or restrict access to certain information
- recruit a third party to oversee part of or the entire 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 very minor

The above considerations have been discussed with the staff member or affiliate. The staff member or affiliate has agreed to take the following action to eliminate/manage the conflict:

[Click here to enter text.](#)

This action plan is to be 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 – STAFF MEMBER OR AFFILIATE

I consent to my personal information being collected for the purpose of identifying and assessing my personal and other interests that could or could be seen to influence my decisions, in accordance with the Staff Declaration of Interest Policy. I understand that the Privacy Act 1988 (Cth) authorises the collection, and parties to whom my personal information may be disclosed in relation to this matter.

To the best of my knowledge and belief any actual, perceived or potential conflicts between my duties as a staff member or affiliate and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the ACU's Declaration 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, and to notify my supervisor or relevant ACU Representative of any changes.

SIGNATURE:

DATE:

SECTION 5: MANAGER / SUPERVISOR / RELEVANT ACU REPRESENTATIVE

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 ACU's public interests and reputation is adequately protected.

NAME: [Click here to enter text.](#)

SIGNATURE:

DATE:

SECTION 6: DELEGATE (Executive/Senior Executive/COO/VC/Chancellor)

- Approved Not Approved
 Approved with the following conditions:

NAME: [Click here to enter text.](#)

POSITION:

SIGNATURE:

DATE: