

CONFLICTS OF INTEREST DISCLOSURE FORM

Staff must declare conflicts of interests in accordance with the [Conflicts of Interest Policy](#)



DECLARANT (PERSON MAKING DISCLOSURE)

Full name			
Position		Team/Unit	
School/Centre/Office		Telephone #	
I am reporting an actual, potential or perceived conflict of interest; or			
I seek clarification about whether a conflict of interest exists in a particular activity			
<i>Briefly state the activity/context:</i>			
<i>Describe the actual, potential or perceived conflict of interest in the activity:</i>			
I understand it may not be practicable or ethical for me to participate in the activity until I have received advice from my Relevant Supervisor. Such advice may not approve my further or future involvement in the activity, or could require complying with, and implementing actions, processes or limitations to manage the conflict.			
Signature of Declarant		Date	

ACCOUNTABLE SUPERVISOR

I have considered the conflict of interest disclosure, and where necessary I have sought appropriate advice from Senior Officers as defined within the Conflicts of Interest Policy, and find: (tick where appropriate)

No Conflict of Interest exists. **I approve** that the individual may continue the activity.

Yes a Conflict of Interest has been determined to exist. *The following actions are being taken to manage the Conflict(s) of Interest:*

Conflict of Interest Management Actions

A copy of this advice has been discussed and provided to the individual. Where a conflict has been found the individual is aware they must comply with the recommendation and determination made by the University. These actions are effective until the University determines the conflict no longer exists. Implementation of actions/processes to manage or limit the conflict must be made prior to the individual undertaking the activity and/or by no later than _____ (insert date).

The conflict and any required actions/processes will be reviewed at the following intervals: (please tick)

Monthly
 Quarterly
 Semester
 Annually
 On Occurrence
 On _____ (insert date)

Full name of supervisor			
Position of supervisor			
Signature of Supervisor		Date	

COMPLETED FORMS ARE TO BE FORWARDED TO LEGAL AND INTEGRITY (SGSC) AT: integrity@ecu.edu.au

ADMINISTRATIVE USE ONLY

Received By		Date		Signature	
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