CRICOS Provider No. 00103D | RTO Code 4909

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# Conflict of Interest Disclosure and Management Form for Staff

Conflict of Interest is a conflict between a staff member’s:

* **public duty** to act in the best interests of the University; and
* **their private interests**.

A conflict of interest exists whether it is actual, potential or perceived.

**Declaring and managing a conflict of interest**

The University’s Managing Conflicts of Interest Procedure requires staff members to take reasonable steps to avoid a conflict of interest (wherever possible).

Where a conflict of interest exists (or may exist at some time in the future) the staff member must declare that conflict of interest in writing to their Supervisor using this Form.

Supervisors who receive a disclosure of a conflict of interest must consider, agree with the staff member and record in this Form any management steps that will be taken to manage the conflict of interest. The management actions must form part of the staff member’s Performance Review Development Plan.

The following guidelines may assist supervisors to develop suitable management actions.

Supervisors are encouraged to contact the Director, People and Culture, or the Legal Office if assistance in completing this Form is required.

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| **Management Action Guidelines** |
| Management actions should clearly identify any steps that will be taken to remove the conflict of interest or, if possible, remove the staff member from situations where the conflict of interest exists .  The management actions may include:   * rearranging the staff member and/or colleague’s work; * having the staff member leave a meeting when the matter is to be discussed; * requiring the staff member to take actions to remove the conflict of interest (e.g relinquishing a financial interest or ceasing outside employment). |
| The management actions should take into account:   * the nature of the conflict of interest; * the nature of the staff member’s role with the University; * legal, policy and procedural requirements; and * the reasonableness of the management actions proposed. |
| Where a conflict of interest cannot be removed, appropriate checks and balances are required to ensure the impartiality of decisions by the staff member and to prevent any issues of perception.  The supervisor may consider:   * restricting access to information; * counter-signing for approvals; * additional levels of approval or authority required; * setting criteria for decision making and documenting decisions against the set criteria; * reducing decision-making authority; * scrutiny of decisions by an independent third party; and * maintaining records of activities that may lead to conflicts (e.g. consultancies, membership of committees or directorships and when the staff member provides financial approval for services or equipment from outside bodies). |

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| STAFF MEMBER’S DISCLOSURE: |
| Name: |
| Position title: |
| Organisational Unit: |
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| I am declaring: (Tick all boxes that apply) |
| That I have read and understand the Conflict of Interest Policy and Procedures |
| Based on the Conflict of Interest Policy, I declare that I may have: |
| An Actual Conflict: |
| A Perceived Conflict: |
| A Potential Conflict: |
| SITUATION OR CONFLICT OF INTEREST |
| Provide a brief outline of the nature of the conflict (details may be included separately if appropriate):  *What is the conflict of interest? How will it impact on you in your role? How will it impact on the University? Is the conflict expected to be ongoing, short term or for a fixed period? How could it be managed? For outside employment ensure you include whether it is paid/unpaid, what the duties will be, expected hours/duration of the engagement, when the arrangement is proposed to commence and the name of the organisation.* |
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| BACKGROUND INFORMATION |
| Please attach copies of all relevant background material and provide further information: |
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| MANAGEMENT ACTIONS |
| Please detail any arrangements proposed to resolve/manage the conflict of interest (attach details separately if appropriate): |
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| CONFIRMATION |
| In making this declaration, I agree to:   * Update this disclosure as required and until such times as the conflict of interest ceases to exist; * Cooperate in the development of conflict of interest management actions as required; * Comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate the Conflict of Interest ;and * Be primarily responsible for implementing the management actions. |
| Signed: |
| Name: Date: |
| APPROVAL BY SUPERVISOR |
| I have reviewed this disclosure and: |
| believe that management actions are not required and that no further action is necessary in relation to this matter; or |
| believe that the management actions outlined in the disclosure will mitigate or remove the conflict of interest but the Organisational Unit will continue to monitor the situation; and |
| understand that I am primarily responsible for monitoring the implementation of the agreed management actions by the staff member.  Date for Review of this Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has the staff member been consulted in the development of this action plan? yes/no  Has the staff member been provided a copy? yes/no  Has this action plan been included in the staff member’s Performance Review Development Plan? yes/no  Has this action plan been referred to the relevant senior staff member for notification? yes/no  Executive Dean/Executive Director/Director/Registrar/General Manager/Head of Campus    Chief Operating Officer/Chief Financial Officer  Deputy Vice-Chancellor  Secretary to Council  Insert name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| cannot adequately resolve the conflict of interest with the staff member concerned and have referred the matter to the relevant senior staff member for resolution:  Executive Dean/Executive Director/Director/Registrar/General Manager/Head of Campus  Dean  Chief Operating Officer/Chief Financial Officer  Deputy Vice-Chancellor  Secretary to Council  Insert name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed: |
| Name: Date: |
| Position: |
| Please send this completed form through to [legaloffice@federation.edu.au](mailto:legaloffice@federation.edu.au). |
| LEGAL OFFICE ACKNOWLEDGEMENT |
| I have reviewed this disclosure and recorded it in the Staff Members’ Conflict of Interest Register . |
| No further action is necessary in relation to this matter; or |
| I have referred this matter to: |
| Signed: |
| Name: Date: |
| Position: |