

Conflict of Interest and Secondary Employment Form

Full Name: _____ **Position:** _____

Conflicts

- | | | |
|--|-----|----|
| 1. Do you have any other employment? | Yes | No |
| 2. Do you hold any other positions which may result in a conflict of interest? This may include any jobs, consultancies and advisory positions, volunteering positions, directorships or board positions. | Yes | No |
| 3. Do any family members hold a position which may cause a conflict of interest? | Yes | No |
| 4. Is there any person you know who is in any position which will cause a conflict of interest where they hold a position in a governing body responsible for funding or regulating the programs or services of ICH? | Yes | No |
| 5. Is there any person you know who provides services to ICH? | Yes | No |
| 6. Do you have any financial interests (e.g. shareholdings or other investment) which may result in a conflict? | Yes | No |
| 7. Is there any other conflict real, potential or perceived which you are aware of? | Yes | No |

Details - Complete if you ticked yes to any of the above

Have these previously been identified, and a risk management plan/s been implemented? Yes No
If no, please complete the Conflict of Interest and Secondary Employment Management Plan (on next page).

Have any circumstances changed which require updating these plan/s? Yes No
If yes, please complete the Conflict of Interest and Secondary Employment Management Plan (on next page).

Acknowledgement

By signing this document:

- I confirm that I have read and understand the Conflict of Interest Policy.
- I certify that the information contained in this form is a full and complete disclosure and that the information supplied is factually correct.
- I confirm that I will recuse myself from any decision-making or process which may lead to a conflict of interest.
- I understand that the failure to declare, or the inclusion of false or misleading information, on this form may subject me to disciplinary action which could include termination of employment.
- I will submit a new form when the information contained on this form changes.
- I understand that this information will be treated in confidence and that only authorised persons will access this information, including program funders during the audit or licensing of programs and services.

Signature: _____ **Date:** _____

Conflict of Interest and Secondary Employment Management Plan

If you indicated 'Yes' to any of questions on the first page, please outline the details (space has been provided for three conflicts/secondary employment, if more space required, please complete on another sheet):

Conflict or Secondary Employment 1

Details:

What steps have or will be taken to mitigate or negate the conflict of interest/impact of secondary employment?

Conflict or Secondary Employment 2

Details:

What steps have or will be taken to mitigate or negate the conflict of interest/impact of secondary employment?

Conflict or Secondary Employment 3

Details:

What steps have or will be taken to mitigate or negate the conflict of interest/impact of secondary employment?

Acknowledgement

By signing this document:

- I certify that the information contained in this form is a full and complete disclosure and that the information supplied is factually correct.
- I confirm that I will recuse myself from any decision-making or process which may lead to a conflict of interest.
- I understand that the providing false or misleading information, on this form may subject me to disciplinary action which could include termination of employment.
- I will submit a new form when the information contained on this form changes.
- I understand that this information will be treated in confidence and that only authorised persons will access this information, including program funders during the audit or licensing of programs and services.

Signature: _____

Date: _____

This document must be submitted to HR@ich.org.au upon completion.