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| **Conflict of Interest Declaration Form (Staff Members)***The purpose of this form is to declare a Conflict of Interest (including declaring Outside Employment) and to identify how it can be managed.**Refer to the Conflict of Interest Procedure in Part E of the VU Appropriate Workplace Behaviour Policy for further information.* |
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| 1. PERSONAL DETAILS |
| First Name |       | Surname |       |
| Preferred Name |       | Staff ID |       |
| Position Title |       |
| College/Department/Institute |       |
| 2. DETAILS OF THE CONFLICT OF INTEREST (COI) (*to be completed by the Staff Member)* |
| *Please insert a description of the conflict of interest, noting whether it is an actual, potential or perceived conflict of interest. Consider- 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. Ensure that you include any other relevant information &/or attachments as needed.* |
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| 3. PROPOSED COI MANAGEMENT PLAN (*to be completed by the Staff Member in consultation with their supervisor*) |
| *Please detail what steps/strategies will be taken to mitigate or manage the COI? For further information about what may need to be included please refer to Conflict of Interest Procedure in Part E of the VU Appropriate Workplace Behaviour Policy* |
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| 4. STAFF MEMBERS DECLARATION |
| Please tick the boxes below to indicate you have complied with the following obligations. Incomplete forms will not be accepted.  |
| [ ]  I declare that the information contained on this form is true and correct and that I have disclosed all relevant information to the best of my knowledge. [ ]  I understand and acknowledge that I am responsible for undertaking all steps outlined in the COI Management Plan. |
| Staff members name |       | Signature |       | Date |       |
| 5. SUPERVISOR AUTHORISATION |
| I have been consulted on the formulation of the COI Management Plan and:[ ]  I believe that the conflict of interest management plan outlined in this disclosure will mitigate or remove the conflict of interest and I will continue to monitor the situation; or[ ]  I cannot adequately resolve the conflict of interest with the employee concerned and have referred the matter to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; |
| *Please detail any concerns or additional information in the field below.* |
|       |
| [ ]  I understand and acknowledge that I am accountable for ensuring the COI Management Plan is implemented.  |
| Supervisors name |       | Supervisors Signature |       | Date |       |
| ***Completed forms are to be submitted to the VU Conflict of Interest Register*** |
| *Privacy: The personal information collected on this form will become part of your employment record. Victoria University manages personal information in accordance with the Privacy and Data Protection Act 2014. You may gain access to your personal information held by the University. Requests for access are managed under the Freedom of Information Act 1982. The University’s Information Privacy Policy can be viewed* [*here*](https://policy.vu.edu.au/document/view.php?id=166&version=3) *or you may contact the Privacy Officer at* *privacy.officer@vu.edu.au**.*  |