

DECLARATION OF INTEREST FORM

Surname:	
Given Names:	
Position	
Work Unit:	
Matter under consideration:	
Expected role/duties to be performed by the employee in dealing with this matter:	
Private interests identified which have the potential to impact on the employee's ability to carry out, or be seen to carry out, their official duties impartially and in the public interest:	

The conflict of interest has been identified as an (please check the appropriate boxes):

Actual conflict of interest ☐
Perceived conflict of interest ☐
Potential conflict of interest ☐

Pecuniary interest ☐
Non-pecuniary interest ☐

I hereby declare that the above details are correct to the best of my knowledge and I make this conflict of interest declaration in good faith.	I hereby declare that I have received and appropriately noted this conflict of interest declaration.
Name	Name
Signature (officer)	Signature (manager/supervisor)
Date / /	Date / /

On completion this form is to be filed by manager/supervisor with a copy provided to the declaring officer.

DECLARATION OF INTEREST FORM

STATEMENT OF CONFLICT OF INTEREST RESOLUTION OR MANAGEMENT

Proposed action to be taken to resolve or manage conflicts of interest:	
The above action has been agreed on to resolve conflicts of interest declared by _____ on _____.	
Name	Name
Signature (officer)	Signature (manager/supervisor)
Date / /	Date / /

STATEMENT OF ADJUSTMENT TO CONFLICT OF INTEREST RESOLUTION MANAGEMENT

Adjustment to action taken to resolve or manage conflicts of interest:	
The above action adjustment has been agreed on to resolve the conflicts of interest declared by _____ on _____.	
Name	Name
Signature (officer)	Signature (manager/supervisor)
Date / /	Date / /

STATEMENT OF FINALISATION OF CONFLICT OF INTEREST

The conflict of interest declared by _____ on _____ has now been resolved and no further action is required.	
Name	Name
Signature (officer)	Signature (manager/supervisor)
Date / /	Date / /