



DIOCESE OF SALE CATHOLIC EDUCATION LTD.

Conflict of Interest Declaration Form

Please complete this form if you believe that you may be involved in a conflict of interest situation or if you are unsure and seek to disclose a potential or perceived conflict of interest. Please refer to the *Conflict of Interest Policy*.

SECTION 1: EMPLOYEE DETAILS		
Name		
Staff Group		
Contact Details	Phone:	Email:

SECTION 2: DISCLOSURE DETAILS	
The following potential conflict of interest or actual conflict of interest has been identified. <i>Please insert all relevant details.</i>	
The conflict of interest relates to (tick all appropriate box/es):	
<input type="checkbox"/> Relationship with family or friends	<input type="checkbox"/> Staff recruitment
<input type="checkbox"/> Outside work activities (paid/unpaid)	<input type="checkbox"/> Relationship with external parties
<input type="checkbox"/> Financial interest	<input type="checkbox"/> Disposal of school assets
<input type="checkbox"/> Gifts/benefits	<input type="checkbox"/> Provision of external consultancy services
<input type="checkbox"/> Provision of private tutoring	<input type="checkbox"/> Other
<input type="checkbox"/> Procurement of goods and services	(if you selected other, please provide details)
The potential or perceived conflict is expected to last (tick appropriate box):	
<input type="checkbox"/> 0–12 months	<input type="checkbox"/> >12 months on ongoing

SECTION 3: EMPLOYEE DECLARATION

To the best of my knowledge and belief, any actual, perceived or potential conflicts between my duties as an employee and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the Conflict of Interest Policy. I acknowledge, and agree to comply with, any approach identified in this form for removing or managing an actual, perceived or potential conflict of interest.

Employee Name

Employee Signature

Date (DD/MM/YYYY)

SECTION 4: TO BE COMPLETED BY PRINCIPAL / DOSCEL MANAGER

In my opinion the details provided (select the appropriate box):

- do not constitute a conflict of interest and I authorise the employee to continue the activity (go to Section 5: Principal / DOSCEL Manager Declaration)
- do constitute an actual, potential or perceived conflict of interest (please detail conflict of interest management strategy below)

If the situation does constitute an actual, potential or perceived conflict of interest, please ensure that the following has been considered:

- all information surrounding the conflict has been disclosed and documented
- informing likely affected person of the conflict, seeking their views where relevant as to whether they object
- reformulating the scope of work or restricting access to certain information
- recruiting a third party to oversee part or all of the process
- recommending to relinquish the interest that is causing the conflict
- temporarily removing the person from the process or responsibilities
- monitoring the person’s activities closely in relation to the conflict of interest
- taking no further action because the conflict is minimal.

I have reviewed the above considerations and request that the Employee takes the following action to eliminate/manage the conflict:

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I will ensure this action plan is reviewed:			
<input type="checkbox"/> Within 1 month	<input type="checkbox"/> Within 3 months	<input type="checkbox"/> Within 6 months	<input type="checkbox"/> Within 12 months
<input type="checkbox"/> Other – specify			
SECTION 5: PRINCIPAL / DOSCEL MANAGER DECLARATION			
Please select the appropriate box			
<input type="checkbox"/> The actions described in the approach outlined in Section 4 have been put in place to effectively manage any actual, perceived or potential conflict of interest disclosed by the Employee in Section 2. The approach ensures that the Employer’s public interests and reputation are adequately protected.			
OR			
<input type="checkbox"/> The details provided by the employee do not constitute an actual, potential or perceived conflict of interest and I authorise the activity to continue with no further action required.			
Principal / DOSCEL Manager Name			
Principal / DOSCEL Manager Signature			
Date (DD/MM/YYYY)			