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 use alongside the [insert organisation] conflict of interest policy and procedure.*

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| Section 1: Personal details |
| Name: Click or tap here to enter text. | Role: Click or tap here to enter text. |
| Contact phone number: Click or tap here to enter text. | Line manager: Click or tap here to enter text. |

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| Section 2: Details of conflict of interest |
| Date conflict began: Click or tap here to enter text. | Date conflict reported: Click or tap here to enter text. |
| Name and role of person reported to: Click or tap here to enter text.  |
| Type of conflict of interest (tick one):[ ]  actual [ ]  potential [ ] perceivedActual, potential, or perceived conflict relates to: (tick all that are relevant)[ ]  relationship with family or friends[ ]  staff recruitment[ ]  work activities outside [insert organisation] (paid/unpaid)[ ]  personal relationships with internal and/or external parties[ ]  financial interest[ ]  disposal of assets[ ]  gifts/benefits[ ]  provision of external consultancy services[ ]  procurement of goods and services |
| Provide a detailed description of the actual, potential, or perceived conflict of interest (including the specific personal interest identified and how this raises an actual potential or perceived conflict of interest, who is/could become involved (client name, staff name, organisations etc) and the effect on those involved):Click or tap here to enter text.  |
| Duration the actual, potential, or perceived conflict of interest is expected to last:[ ]  0–12 months [ ]  12 months or more |

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| Section 3: Analysis |
| Does the conflict pose an immediate risk to a worker, consumer, member of the public, or the integrity or reputation of the organisation? [ ]  Yes [ ]  No (if no, proceed to section 4) |
| Date and time CEO informed: Click or tap here to enter text.  |
| Detail the actions taken to reduce risk to an acceptable level:Click or tap here to enter text. |
| Manager’s name: | Signature: | Date: |
| CEO’s name: | Signature: | Date: |

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| Section 4: Management Plan |
| The line manager, manager responsible for risk management and worker involved in the conflict of interest are responsible for developing a management plan. The four recommended responses are:1. Avoid the conflict of interest
2. Accept and reduce the conflict of interest
3. Share the conflict of interest
4. Retain the conflict of interest
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| Actions to be taken | Person responsible | Date reviewed  | Date completed |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Scheduled review dates: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Progress review:Click or tap here to enter text. |

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| Section 5: 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 *[insert organisation]* 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. |
| Name: Click or tap here to enter text.  | Signature: | Date: Click or tap here to enter text. |

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| Section 6: Management declaration |
| The actions described in the approach outlined in section 3 and 4 have been put in place to effectively manage any actual, potential, or perceived conflict of interest disclosed in section 2. I will monitor my employee’s adherence to any approach identified in this form for removing or managing an actual, perceived, or potential conflict of interest. |
| Name: Click or tap here to enter text.  | Signature: | Date: Click or tap here to enter text. |