**Conflict of Interest Disclosure Form**

*Please complete this form if you believe that you may have a conflict of interest, or if you are unsure and seek to disclose a potential or perceived conflict of interest. For further detail, please refer to the Conflict of Interest Policy and Procedure.*

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| **PERSONAL DETAILS** |
| **Name:** |  |
| **Position Title:** |  |
| **Faculty / Division:** |  |
| **Unit:** |  |
| **Phone:** |  |
| **Date of Declaration:** |  |

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| **DISCLOSURE DETAILS** |
| The actual, potential, or perceived conflict of interest relates to (*tick all that are applicable):* |
| [ ]  Relationship with family / friends | [ ]  Recruitment of staff or volunteers |
| [ ]  Outside work activities (paid/unpaid) | [ ]  Relationship with external parties |
| [ ]  Financial interest | [ ]  Disposal of assets |
| [ ]  Gift / benefit | [ ]  Provision of consultancy services |
| [ ]  Complaints and grievances | [ ]  Donations or philanthropy |
| [ ]  Procurement of goods / services (including tenders) | [ ]  Sponsorship |
| [ ]  Provision of contracted services | [ ]  Grants |
| [ ]  Student appeals | [ ]  University governance |
| [ ]  Research misconduct | [ ]  Debt waivers or concessional terms |
| [ ]  Third party partnerships | [ ]  Legal proceedings |
| [ ]  Student admission, selection or academic processes | [ ]  Scholarships |
| [ ]  Contracts or agreements | [ ]  Employment related activities |
| [ ]  Foreign entities or individuals |
| The following actual, potential or perceived conflict of interest has been identified:*(please insert all relevant details):* |
| Click or tap here to enter text. |
| The conflict is expected to last: |
| [ ]  One-off / short duration | [ ]  2-12 months | [ ]  > 12 months or ongoing |

*The following section must be completed by the person receiving the Declaration:*

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| **CONFLICT OF INTEREST MANAGEMENT** |
| In my opinion the details provided are accurate, and: |
| [ ]  do not constitute a conflict of interest, and I authorise the staff member to continue the activity; |
| [ ]  do constitute a conflict of interest (actual, potential or perceived) and requires management action as outlined below: |
| Click or tap here to enter text. |
| I declare that the actions outlined above have been put in place to effectively manage any actual, perceived, or potential conflict of interest disclosed by the staff member. The management action proposed will ensure that the University of Newcastle’s interests and reputation is adequately protected. I undertake to ensure that the above action plan is implemented and reviewed within an appropriate timeframe. |
| **Signature** |  | **Date** |  |
| **Full Name** |  |
| **Position Title** |  |
| **Faculty / Division** |  |

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| **STAFF MEMBER’S DECLARATION** |
| To the best of my knowledge and belief any actual, perceived or potential conflicts between my duties as a staff member and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the University of Newcastle Conflict of Interest Policy.I acknowledge, and agree to comply with, the management action outlined in this from for removing or managing the actual, perceived or potential conflict of interest, and understand that any breach of the University’s policy or procedure may result in disciplinary action. |
| **Signature** |  | **Date** |  |