

Conflict of Interest Declaration and Management Plan

Name:	
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Who must complete this form?

- any Board Member, employee or volunteer who has identified a conflict between their private interests and their role with Breakaway Toowoomba Inc.
- any employee engaged in a personal relationship with a colleague or where a direct hierarchical relationship is in place
- all employees on a recruitment panel
- any workplace participant (e.g. employees, contractors/consultants) assessed by the Chief Executive Officer as warranting a declaration on the basis of potential, perceived or actual conflict of interest risk.
- any employee holding a second job or who has a business of their own.

This form must be completed:

- at the time a conflict of interest is identified
- prior to commencement of the project or recruitment process
- at any time instructed by the employee's manager.

Filling in this form:

- complete the form as accurately and comprehensively as possible.
- provide an answer for each question. Do not leave any questions unanswered.
- refer to Breakaway Toowoomba Inc's *Conflicts of Interest Policy*
- Employee to complete **Sections A** and **B** of the form
- **Manager and employee** to complete **Section C** risk management plan (where relevant) and **Section D** sign declaration.

Section A

Employee's Name:		Position Title:	
Work Location:		Contact Number:	
Email:		Financial Delegation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
This declaration is made in relation to the following: <i>(e.g. role, activity, business links, relationship)</i>			

Section B

I have made the following determination:

I have considered the nature of the activity/role/task/business link/relationship; considered my professional duties and personal interests and declare that:

- A potential or perceived conflict of interest exists *(Go to section C)*
 No potential or perceived conflict of interest exists *(Go to section D)*

Section C

State the specific personal interest identified and detail how this raises an actual potential or perceived conflict of interest with the employee's duties: *(e.g. relationship with employee/friend/family; financial interest; conflict of duty, etc.)*

The employee and Chief Executive Officer / Line Manger will take the following action to manage the conflict of interest: *(this management plan will ensure conflict risks are managed and/or resolved)*

This plan will be reviewed on:

Section D

Employee Declaration

I declare that to the best of my knowledge, the information in this form is true and correct. Any actions described in Section C of the form have been put in place to effectively manage any actual, perceived or potential conflict of interest. I undertake to adhere to any conflict of interest risk management plan set out in Section C to ensure that Breakaway Toowoomba Inc's reputation is adequately protected.

I undertake to make a further declaration should a change in my circumstances give rise to an expectation of a conflict of interest.

Signature of Employee: _____

Name (please print): _____

Date: _____/_____/_____

Management Declaration

I undertake to adhere to any conflict of interest risk management plan set out in Section C, and to monitor my employee's adherence to the management plan, which is in place to ensure that Breakaway Toowoomba Inc's reputation is adequately protected.

Signature of / Chief Executive Officer / Manager:

Name (please print): _____

Date: _____/_____/_____

Version 1

Author: CEO Breakaway

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