



## Disclosure of a Conflict of Interest Form

This form is to be completed by any staff member who has a real or perceived conflict of interest or a potential conflict of interest in undertaking their University obligations. A copy of the completed and signed form is to be stored on the staff member's personnel file in Monash HR. The staff members' conflict of interest management plan should be reviewed annually during the performance development process. The relevant Monash University procedure on Conflict of Interest is located at <http://www.adm.monash.edu.au/workplace-policy/conduct-compliance/conflict-interest.html>

### STAFF MEMBERS DISCLOSURE:

Please complete your answers in block letters.

I, *(Insert full name)* .....

of *(Insert unit)* .....

hereby declare a:

REAL

POTENTIAL

PERCEIVED

CONFLICT OF INTEREST

CONFLICT OF COMMITMENT

**Note:** Tick all applicable boxes.

Please provide a brief outline of the nature of the conflict (details may be included privately in a separate confidential envelope if appropriate).

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Please detail the arrangements proposed to resolve/manage/ the conflict (attach separately if appropriate).

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I, *(insert full name)*..... hereby agree to:

- update this disclosure throughout the period of my employment with the University on an annual basis or until such time as the conflict ceases to exist;
- co-operate in the formulation of a “conflict of interest management plan” as required;
- comply with any conditions or restrictions imposed by the University to manage, mitigate or eliminate any actual, potential or perceived conflict of interest and/or commitment.

*Signed:* .....

*Date:* .....

**ENDORSEMENT BY HEAD OF DEPARTMENT:**

I, *(insert full name)* ..... have reviewed the disclosure (and plan where applicable) and:  
*(\*delete as appropriate)*

- believe that a plan to manage the conflict of interest is not required and that no further action is necessary in relation to this matter.
- believe that the plan outlined in the disclosure will mitigate or remove the conflict of interest but will continue to monitor the situation.
- cannot adequately resolve the conflict of interest with the staff member concerned and have referred the matter to the Head of this Division for resolution.

*Head of Department's Signature* .....

*Date:* .....

**REVIEW BY DEAN/ DIVISIONAL DIRECTOR:**

I, *(insert full name)* ..... have reviewed the conflict of interest disclosure (and plan) and have taken the following action in relation to this matter:

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*Dean/ Divisional Director's Signature* .....

*Date:*.....