

DISCLOSURE OF CONFLICT OF INTEREST

This form is to be completed by any member who has an actual or potential conflict of interest in undertaking their University obligations. A copy of the completed, signed form is to be stored in the member's personnel file in the Human Resources Division. The member's conflict of interest management plan, if applicable, should be reviewed annually at the time of performance appraisal.

SECTION A: MEMBERS DISCLOSURE

Please complete your answers in block letters.

I, (Insert full name)

UT number:

of (Insert division)

hereby declare :

AN ACTUAL ☐ A POTENTIAL ☐
Conflict of Interest

Note: Tick applicable box

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

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

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

- ☐ update this disclosure annually throughout the period of my employment at the University or until such time as the conflict ceases to exist.
- ☐ co-operate in the formulation of a conflict of interest management plan, if required.
- ☐ comply with any conditions or restrictions imposed by the University to manage, mitigate or eliminate any actual, potential or perceived conflict of interest.

Signed: _____

Date:

SECTION B: ENDORSEMENT BY 1st LINE MANAGER (1st)

I, (insert full name and capacity) have reviewed the disclosure (and plan, where applicable) and:

(*tick as appropriate)

- ☐ believe that a plan to manage the conflict of interest is not required and that no further action is necessary.
- ☐ believe that the plan outlined in the disclosure will mitigate, manage or remove the conflict of interest (Please provide details below) and will continue to monitor the situation.
- ☐ do not believe that the plan outlined in the disclosure will mitigate, manage or remove the conflict of interest and have taken the following action:
(Please provide details below)
- ☐ cannot adequately resolve the conflict of interest with the staff member concerned and have referred the matter to the 2nd Line Manager for resolution with my report (Please detail below).
- ☐ am of the opinion that the transaction should be continued despite the conflict of interest, and have referred the matter to the 2nd Line Manager for resolution together with my recommendation (Please provide details below)

Signature: _____

Date:

SECTION C: REVIEW BY 2nd LINE MANAGER

I, (insert full name and capacity) have reviewed the conflict of interest disclosure (and plan where applicable) and have taken the following decision:

- ☐ I have referred the matter to the Chief Director: Strategic Initiatives and Human Resources for a decision. (Please provide reasons)
- ☐ the transaction or conflict of interest should be continued, despite the conflict of interest. (Please provide reasons)
- ☐ the following action is required:

Signature: _____

Date:.....