# Macquarie University logo

# Conflict of Interest Form

Please complete this form to disclose a personal interest or a conflict of interest. For more information on the process and responsibilities, please refer to the Conflict of Interest Policy.

### personal details

|  |  |  |  |
| --- | --- | --- | --- |
| First name: | Click or tap here to enter text. | Surname: | Click or tap here to enter text. |
| Faculty/Office:  | Click or tap here to enter text. | Department:  | Click or tap here to enter text. |
| Role with the University: | Click or tap here to enter text. |
| OneID: | Click or tap here to enter text. | Phone number: | Click or tap here to enter text. |

### disclosure details

|  |
| --- |
| **Your disclosure relates to:** (tick all appropriate boxes) |
|[ ]  Relationship with family or friends |[ ]  Staff recruitment |
|[ ]  Outside work activities/external consultancy |[ ]  Relationship with external parties |
|[ ]  Financial interest |[ ]  Procurement of goods and services |
|[ ]  Undertaking research |[ ]  Gifts/benefits |
|[ ]  Links with foreign institutions or governments |[ ]  Other |
| **Please provide details below:** |
| Click or tap here to enter text. |
| Date of identification:  | Click or tap here to enter text. |
| The conflict is expected to last: |[ ]  0-12 months |[ ]  > 12 months or ongoing |

### Assessment by manager/supervisor

|  |  |
| --- | --- |
| [ ]  | **DOES NOT** constitute a conflict of interest, I authorise the staff member to continue the activity |
| [ ]  | **DOES** constitute a conflict of interest |
| [ ]  | Management Strategy **IS REQUIRED** and has been completed below |

*Approved 16 June 2021 in accordance with Conflict of Interest Policy*

### MANAGEMENT strategy

Complete this section for high-risk and/or ongoing conflicts of interest. For information on types of management strategies, refer to the Conflict of Interest Policy*.*

|  |  |
| --- | --- |
| Activities to be undertaken to mitigate, avoid, or resolve the conflict: | Timeframes: |
|  |  |
| Impacted stakeholders and how they will be notified (if applicable): |
|  |

### DECLARATIONS

|  |
| --- |
| individual disclosing conflict of interest *(indicate as applicable)* |
| [ ]  | To the best of my knowledge and belief, any conflicts between my professional obligations at the University and my personal interests have been fully disclosed in this form.  |
| [ ]  | I agree to comply with this Management Strategy. |
| [ ]  | I agree to update this Management Strategy as and when changes in my circumstances arise, or until such time as the conflict ceases to exist. |
| **Signature:**  | Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_ / \_\_\_ / \_\_\_\_Date |

|  |
| --- |
| Manager / SUpervisor *(indicate as applicable)* |
| [ ]  | I agree that the Conflict of Interest Management Strategy will mitigate, avoid, manage, or resolve any actual, potential, or perceived Conflict of Interest. |
| [ ]  | I will continue to monitor the strategies developed over the timeframes identified, or until such time as the conflict ceases to exist. |
| **Signature:**  | Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_ / \_\_\_ / \_\_\_\_Date |

*If used in specific processes or projects, this form should be kept as part of the records of that process.*

*For all other conflicts of interest, forward this form to* *COI@mq.edu.au* *for record keeping purposes. If the conflict of interest is significant and cannot be resolved at the local level, please escalate to the Director, Human Resources.*

*A copy should be also kept by the manager/supervisor and the individual who has a conflict of interest.*