

# CONFLICT OF INTEREST DISCLOSURE FORM

Name of Individual: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_

## 1. Purpose of this Form

This Conflict of Interest Disclosure Form is intended to identify any actual, potential, or perceived conflicts of interest that could compromise the impartiality, objectivity, or integrity of the individual in performing their duties or responsibilities within the organisation.

## 2. Definitions

Conflict of Interest arises when an individual's personal interests, relationships, or activities could improperly influence, or appear to influence, their professional judgment or actions. This includes, but is not limited to, financial interests, family or close personal relationships, outside employment, gifts, or other benefits.

## 3. Disclosure of Interests

Please provide full and accurate disclosure of any interests, relationships, or activities which might constitute a conflict of interest in relation to your role within the organisation. If none, please indicate 'None'.

a) Financial Interests (e.g., ownership, investments, consultancies):

\_\_\_\_\_

b) Family or Close Personal Relationships:

\_\_\_\_\_

c) Outside Employment, Directorships or Other Positions:

\_\_\_\_\_

d) Gifts, Benefits or Hospitality Received:

\_\_\_\_\_

## 4. Management of Conflicts

If a conflict of interest exists or arises, it is the individual's responsibility to disclose it promptly and fully to their supervisor, manager, or relevant authority. Appropriate steps will be taken to manage, mitigate, or eliminate the conflict in accordance with the organisation's policies and Australian law.

## 5. Confidentiality

All disclosures will be treated with confidentiality to the extent possible consistent with the need to manage the conflict effectively and comply with legal obligations. Unauthorized disclosure of confidential information may lead to disciplinary action.

**6. Declaration**

I declare that the information provided in this form is complete and accurate to the best of my knowledge. I understand my obligations to disclose any conflicts of interest and to comply with all relevant policies and laws applicable in Australia.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLOSER'S SIGNATURE**

**WITNESS'S SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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