

# Declaration of Interests Form

Name: \_\_\_\_\_

Position title: \_\_\_\_\_

Branch/Division or STO: \_\_\_\_\_

Location: \_\_\_\_\_

I declare that:

- a) I am aware that I am required under the APS Code of Conduct to behave honestly and with integrity; to disclose, and take reasonable steps to avoid, any conflict of interest (real or apparent) in connection with APS employment; and to not make improper use of (a) inside information, or (b) my duties, status, power or authority, in order to gain, or seek to gain, a benefit or advantage for myself or for any other person.
- b) I have read and understood the following documents, which require me to declare any private interests or relationships that could, or could be seen to, influence the decisions I am taking, or the advice I am giving:
  - the APS-wide guidelines covering declarations of personal interests set out in [APS Values and Code of Conduct in Practice](#); and
  - the department's policies and guidelines on declarations of personal interests.
- c) I will declare any private interests or relationships of my immediate family, which I am aware of, where I consider that they could, or could be seen to, influence the decisions I am taking or the advice I am giving. I understand that this would require the family member to consent to the department collecting their personal information. They will need to complete a declaration confirming their consent to the collection of the information and that they are aware of:
  - the purpose the personal information was collected for
  - any legislative requirements authorising the collection; and
  - any third parties to whom the personal information may be disclosed.
- d) I am aware that, where the relevant family member refuses consent to the collection of this information or consent cannot be sought, I will still be required to declare that an actual or apparent conflict of interest exists, even though details of the exact nature of the conflict cannot be provided due to privacy considerations. A decision regarding an appropriate management strategy will be made based on the information which can be provided.

- e) I will immediately inform the Assistant Secretary of People Services of any changes which could affect the contents of this declaration and to provide an amended declaration/s using this pro forma. This includes changes to:
- my responsibilities or to the issue or subjects on which I am required to make decisions or give advice; and/or
  - my personal circumstances.

**Annex A:** of this declaration outlines the plan agreed to by myself and my manager to manage a real or apparent conflict of interest.

**Annex B:** of this declaration lists any personal private interests and relationships **which could, or could be seen to**, influence the decisions I am taking, or the advice I am giving.

**Annex C:** of this declaration lists any for immediate family member's personal private interests and relationships) **which could, or could be seen to**, influence the decisions I am taking, or the advice I am giving.

This declaration has been prepared on the basis of:

- the particular roles and responsibilities of the Department of Health; and
- my specific role and responsibilities.

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

Name: \_\_\_\_\_

### Manager Acknowledgement

I confirm I have:

- Sighted and discussed this declaration with the employee, **and**
- Agreed with the employee an appropriate plan to manage the real or apparent conflict of interest identified which is detailed in **Annex A** of this Declaration **and**
- Scanned this completed Declaration and forwarded a copy to the [People Policy inbox](#), **and**
- Returned the original document to the employee for their records.

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

Name: \_\_\_\_\_

**CONFLICT OF INTEREST MANAGEMENT PLAN**

Following a conversation with my manager we have agreed a real or apparent conflict of interest exists and have agreed to the following management plan.

Click here to enter text.

**Employee**

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

Name: \_\_\_\_\_

**Manager**

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

Name: \_\_\_\_\_

THIS DOCUMENT HAS BEEN RELEASED  
UNDER THE FREEDOM OF INFORMATION ACT 1982  
BY THE DEPARTMENT OF HEALTH

**DECLARATION OF PERSONAL FINANCIAL AND OTHER INTERESTS THAT MAY BE AN ACTUAL OR APPARENT CONFLICT OF INTEREST**

Please list below any private interests or relationships which could, or could be seen to, influence the decisions you are taking, or the advice you are giving.

The types of interests and relationships that may need to be disclosed include real estate investments, shareholdings, trusts or nominee companies, company directorships or partnerships, other significant sources of income, significant liabilities, gifts, private business, employment, voluntary, social or personal relationships that could or could be seen to impact upon your responsibilities.

**Please include the reasons why you have identified a real or apparent conflict and indicate how you propose to manage or resolve the conflict.**

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

Name: \_\_\_\_\_

Interest / Relationship	Why declared?	Management/Resolution Strategy

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**DECLARATION OF INTERESTS FORM - FAMILY**

**DECLARATION OF CONSENT BY FAMILY MEMBER TO THE DISCLOSURE OF THEIR PERSONAL FINANCIAL AND OTHER INTERESTS**

This declaration is to be completed by the immediate family member/s of the employee *should circumstances arise* in which the employee considers that the personal financial and other interests of the family member/s could, or could be seen to, influence the decisions they are taking, or the advice they are giving.

Name \_\_\_\_\_

Relationship to employee \_\_\_\_\_

I am aware that my information has been collected for the purpose of identifying personal and other interests that could, or could be seen to, influence the decisions that the employee covered by the Conflict of Interest Policy is taking or the advice they are giving. I am aware of the Privacy Principles set out in the *Privacy Act 1988* which authorise the collection and the third parties to whom my personal information may be disclosed. I consent to the collection of my personal information by the Department of Health.

The attached list of my private interests and relationships has been prepared on that basis.

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

Name: \_\_\_\_\_

THIS DOCUMENT HAS BEEN PREPARED UNDER THE FREEDOM OF INFORMATION ACT 1982 BY THE DEPARTMENT OF HEALTH

**DECLARATION OF PERSONAL FINANCIAL AND OTHER INTERESTS OF IMMEDIATE FAMILY MEMBERS THAT MAY BE AN ACTUAL OR APPARENT CONFLICT OF INTEREST**

Please list below any private interests or relationships which could, or could be seen to, influence the decisions that the employee covered by the Conflict of Interest Policy is taking or the advice they are giving.

The types of interests and relationships that may need to be disclosed include real estate investments, shareholdings, trusts or nominee companies, company directorships or partnerships, other significant sources of income, significant liabilities, gifts, private business, employment, voluntary, social or personal relationships that could or could be seen to impact upon the your responsibilities.

**Please include the reasons why you have identified a real or apparent conflict and how you propose to manage or resolve the conflict.**

Interest / Relationship	Why declared?	Management/Resolution Strategy

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

Name: \_\_\_\_\_

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