

**(ORGANISATION NAME)**

[Date]

[Evaluation Team Chairperson – address this declaration to your Manager/Supervisor]

[Name of Evaluation Team Chairperson]

[Title of Evaluation Team Chairperson]

[Address of Evaluation Team Chairperson]

Dear

[Title of Tender etc]

As a member of the Evaluation Team for the [nature of panel], I am writing with regard to my obligations in relation to conflict of interest and confidentiality.

#### **Conflict of interest**

I am fully aware of my obligations under [my employment contract] to avoid all conflicts of interest in carrying out my duties, and to disclose any potential conflict of interest if they emerge in the course of my official duties.

I currently have no such conflicts.

#### **Confidentiality**

I am fully aware of my obligations under [my employee contract] in relation to confidential information. I will not disclose to anyone who is not part of the formal selection process in relation to this tender anything about the tenders or the process unless (1) I am compelled to do so by law; (2) the information is already legally in the public domain; or (3) I have your prior permission. All documents will either be returned to COUNCIL or destroyed in a secure manner.

Yours sincerely

[Name of Evaluation Team Member]

[Title of Evaluation Team Member]

## CONFLICT OF INTEREST DECLARATION AND ACTION PLAN FORM

Use this form if you believe that you may be involved in a conflict of interest situation or if you are unsure and want formal clarification. Please read the Conflict of Interest Policy before completing this form.

### SECTION 1 – Individual details

<b>Name</b>		<b>Position Title</b>	
<b>Office Location</b>		<b>Contact Number</b>	
<b>Email</b>			

### SECTION 2 – Disclosure

<b>The following conflict of interest has been identified:</b>	
<b>The conflict relates to:</b> (tick all boxes that apply)	<input type="checkbox"/> Relationship with another staff member <input type="checkbox"/> Relationship with family or friends <input type="checkbox"/> Relationship with external parties <input type="checkbox"/> Financial interest <input type="checkbox"/> Outside work activities (paid or unpaid) <input type="checkbox"/> Conflict of duty (eg membership of private association or organisation) <input type="checkbox"/> Other (please detail):
<b>The conflict is expected to last:</b> (tick appropriate box)	<input type="checkbox"/> 0-12 months <input type="checkbox"/> >12 months or ongoing

### SECTION 3 – Manager, chair or equivalent assessment

<b>In my opinion the details provided:</b> (tick appropriate box)	<input type="checkbox"/> <u>Does not</u> constitute a conflict of interest, and I authorise the staff member/board/panel member to continue the activity (Go to Section 4) <input type="checkbox"/> <u>Does</u> constitute an actual, potential or perceived conflict of interest (Provide a detailed action plan below)
<b>If the situation does constitute a conflict of interest, the following has been considered:</b>	
<ul style="list-style-type: none"> <li>• Ensuring all information surrounding the conflict has been disclosed and documented</li> <li>• Informing likely affected persons of the conflict, seeking their views where relevant as to whether they object</li> <li>• Strengthening the internal management arrangements</li> <li>• Consulting Procurement Team for advice and direction if regarding a procurement process</li> <li>• Reformulating the person's scope of work, or restricting access to certain information</li> <li>• Relinquish the interest that is causing the conflict</li> </ul>	

<ul style="list-style-type: none"> <li>• Removing the person from their existing duties, or transferring the person to other work</li> <li>• Close monitoring of the person’s activities in relation to the conflict of interest</li> <li>• Take no further action because the conflict is minimal</li> </ul>	
<p><b>I have reviewed the above considerations and request that the staff/board/panel member takes the following action to manage the conflict:</b></p>	
<p><b>I will ensure this action plan is reviewed:</b></p>	<input type="checkbox"/> Within 1 month <input type="checkbox"/> Within 3 months <input type="checkbox"/> Within 6 months <input type="checkbox"/> Within 12 months <input type="checkbox"/> N/A as the conflict is a one-off of short duration <input type="checkbox"/> Other (specify):

**SECTION 4 - Declarations**

<p><b>Individual declaration</b></p>	
<p>To the best of my knowledge and belief, any actual, perceived or potential conflicts between my public duties and my private and/or business interests have been fully disclosed in accordance with the Conflict of Interest Policy. I acknowledge and agree to comply with any approach identified in Section 3 of this form for managing an actual, perceived or potential conflict of interest.</p>	
<p>Signature:</p>	<p>Date:        /        /</p>
<p><b>Manager, chair or equivalent declaration</b></p>	
<p>The actions described in Section 3 of the form have been put in place to effectively manage any actual, perceived or potential conflict of interest disclosed in Section 2. The approach outlined in Section 3 ensures that the department’s public interests and reputation is adequately protected.</p>	
<p>Name:</p>	<p>Role/Title:</p>
<p>Signature:</p>	<p>Date:        /        /</p>

**Originals to be held by the manager, chair or equivalent and retained on a registry file**