***(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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Position Title** |  |
| **Office Location** |  | **Contact Number** |  |
| **Email** |  | | |

**SECTION 2 – Disclosure**

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

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

|  |  |
| --- | --- |
| **In my opinion the details provided:**  (tick appropriate box) | Does not constitute a conflict of interest, and I authorise the staff member/board/panel member to continue the activity (Go to Section 4)  Does constitute an actual, potential or perceived conflict of interest (Provide a detailed action plan below) |
| **If the situation does constitute a conflict of interest, the following has been considered:** | |
| * Ensuring all information surrounding the conflict has been disclosed and documented * Informing likely affected persons of the conflict, seeking their views where relevant as to whether they object * Strengthening the internal management arrangements * Consulting Procurement Team for advice and direction if regarding a procurement process * Reformulating the person’s scope of work, or restricting access to certain information * Relinquish the interest that is causing the conflict * Removing the person from their existing duties, or transferring the person to other work * Close monitoring of the person’s activities in relation to the conflict of interest * Take no further action because the conflict is minimal | |
| **I have reviewed the above considerations and request that the staff/board/panel member takes the following action to manage the conflict:** | |
|  | |
| **I will ensure this action plan is reviewed:** | Within 1 month  Within 3 months  Within 6 months  Within 12 months  N/A as the conflict is a one-off of short duration  Other (specify): |

**SECTION 4 - Declarations**

|  |  |
| --- | --- |
| **Individual declaration** | |
| 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. | |
| Signature: | Date: / / |
| **Manager, chair or equivalent declaration** | |
| 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. | |
| Name: | Role/Title: |
| Signature: | Date: / / |

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