***(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**