

Conflicts of Interest must be declared, appropriately managed and regularly reviewed. The following Conflict of Interest Management Plan is intended to assist with this and must be completed in accordance with the University's Conflict of Interest Policy.

This form is to be completed by any individual who is required to declare a real, potential or perceived conflict of interest in undertaking their La Trobe University (University') obligations. Information is collected in accordance with the Staff_Collection Notice.

Individual's Name: Click or tap here to enter text.			busines:	s unit: Click or tap h	nere to enter text.			
Position/title: Click or tap here to enter text.			Contact details: Click or tap here to enter text.					
Manager/Supervisor's	name and position: Click	or tap here to enter to	ext.					
Select the role below that best describes the capacity for your declaration:								
☐ Staff	☐ Volunteer	☐ Council Membe	er	☐ Contractor	☐ Researcher (including HDR candidates)			
INDIVIDUAL TO COM	MPLETE							
•	ole COI issue(s)/situation of interest include active information.	_		flicts of interest. Ple	ease refer to the <i>Conflict</i>			
☐ Actual								
Potential								
Perceived								
•	ed overview of the nature	of the conflict (attach	separate	ely if appropriate).				
Click or tap here to enter text.								
To help identify and de	scribe a possible Conflict	of Interest, some usef	ıl questio	ons include:				
 Does my private exercise of my of 	e interest intersect with my	role? If so, could this	create a p	perception of bias o	r favouritism in the			
Putting aside the doubt on my interest.	e belief that I will always a egrity or that of the Univer	sity?		·	t in this matter cast			
 If I saw someone else in this situation, would I think they have a Conflict of Interest? What would a fair-minded member of the public make of the situation? 								
If my actions we	ere covered by the media, on test - the 'pub' test?	=		niversity? In other wo	ords, does it pass the			



Specific conflicts
Tick the applicable box in response to the following questions:
Do you have any real, potential or perceived conflict of interest involving the University's business partners, contractors or suppliers? E.G. Personal Relationship / related with a contractor, Purchasing from a Family Company, amongst others).:
☐ Yes ☐ No If yes, please provide further details below:
Click or tap here to enter text.
Click of tap here to enter text.
Do you have any outside interest that could generate a real, potential or perceived conflict of interest? E.G. (Second Employer, Board of Directors, contractual agreements, partnership, ownership and management of a company, outside work consultancies, amongst other examples)
☐ Yes ☐ No
If yes, please provide further details below:
Click or tap here to enter text.
Do you act for the University or represent the university in Boards, Trusts or other committees. No
If yes, please provide further details below:
Click or tap here to enter text.
onok of tap here to enter text.
Do you hold office in any public or private company, trustee company, incorporate association, public agency or other statutory authority?
☐ Yes ☐ No
If yes, please provide further details below:
Click or tap here to enter text.
MANAGER/SUPERVISOR TO COMPLETE
Manager/Supervisor's determination as to whether a conflict exists
Tick the box that applies and briefly explain your reasons (Note – your reasons may be different to those of the individual concerned).
Yes – The individual has a conflict of interest
Click or tap here to enter text.
☐ No − The individual does not have a conflict of interest
Click or tap here to enter text.



INDIVIDUAL TO COMPLETE IN CONSULTATION WITH MANAGER/SUPERVISOR

Proposed action to be taken to resolve or manage the identified conflict of interest issue/s (may include one or more of the following conflict of interest management types):							
Record	Restrict	Rec	ruit	Remove	Relinquish		
Details of action to be to	aken:						
To help identify and propose the Conflict of Interest management strategies, it is important to have regard to the risk of the Conflict of Interest. The management plan should be proportionate to the level of risk and address all potential avenues for the Conflict of Interest arise. For example, regard should be given to: • What is the individual's capacity to influence or act as a decision-maker? • What are the possible consequences if not properly managed? • What duties or work responsibilities could be influenced? • What is the extent of the individual's private interests? • What is the duration of the Conflict of Interest (this will assist in considering the length of the review plan)? • What would a fair-minded member of the public think of the proposed risk mitigation strategy? Would they consider it adequate? Click or tap here to enter text.							
Individual declaration	1:		Manage	r/Supervisor declaration	on		
I declare that:			I declare t				
☐ The information provided in this statement properly and fully reflects my personal interests and/or the interests of my family members and/or the interests of individuals with who I have a personal relationship and/or the interests of another organisation/third party to who I may owe a completing duty or have reason to seek to benefit. ☐ I will comply with the approved Conflict of Interest management plan. ☐ If I become aware of any changes affecting the plan I will update my existing COI declaration and management plan and submit the updated form to my manager/supervisor as soon as practicable.			☐ I have carefully considered the Conflict of Interest Management plan and endorse the management plan on the basis that I consider it to adequately address the risk(s) of the Conflict of Interest and will be monitored at least on an annual basis. ☐ I will review the management plan regularly in line with the review period noted below. ☐ If I become aware of any changes affecting the plan I will, in consultation with the individual concerned, update the management plan and submit it for approval to the Chief People Officer or the Executive Director − Research Office, as soon as practicable.				
Date: Click or tap to	enter a date.		Date:	Click or tap to enter a dat	e.		



MANAGER/SUPERVISOR TO COMPLETE								
Management plan re	view schedule							
Management plan review schedule The management plan will be reviewed as follows: (Manager to tick one box).								
☐ Not applicable, as the conflict is of short duration.								
	months							
	Other:							
The plan will be reviewed if any change occurs that may affect the plan or its risk level.								
APPROVALS: CPO or	r EDRO to complete							
Approved by Chief People Officer								
Name: Click or tap here	Name: Click or tap here to enter text. Signature:					Date:/		
Approved by the Executive Director, Research Office://								
Name: Click or tap here to enter text. Signature:					Date	Date:/		
ESCALATION (if applicable): COO or DVCRIE to complete								
Applicable only when an agreement cannot be reached, or the matter is considered particularly risky/sensitive								
☐ Chief Operating Officer (non- research matters)								
Name: Click or tap here to enter text. Sign		Signa	gnature:			Date:/		
Deputy Vice-Chancellor (Research and Industry Engagement)								
Name: Click or tap here to enter text. Sig		Signa	Signature:			Date:/		
Review of plan	Date of review	1	No change to plan	New/revised p developed	lan	Conflict of interest no		
Davies 01		1 .		•		longer exists		
Review 01	Click or tap to enter a	date.						
Review 02	Click or tap to enter a	date.						
[continue as needed]	Click or tap to enter a date.		П					