

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 <a href="Staff\_Collection Notice">Staff\_Collection Notice</a>.

Individual's Name:			School/business unit:					
Position/title:		Contact de	Contact details:					
Manager/Supervisor's name and position:								
Select the role below that best describes the capacity for your declaration:								
☐ Staff	☐ Volunteer	☐ Council Member	☐ Contractor	Researcher (including HDR candidates)				
INDIVIDUAL TO COM	<b>IPLETE</b>							
	ole COI issue(s)/situation of Interest include act of Interest include act of Interest include act of Interest information.		al conflicts of interest. Pl	ease refer to the <u>Conflict</u>				
Click or tap here to ent  To help identify and des  Does my private exercise of my of Putting aside the doubt on my inte If I saw someon What would a fa If my actions we	scribe a possible Conflict o	of Interest, some useful q role? If so, could this cre ct with the best of intenti sity? uld I think they have a Co public make of the situati	uestions include: eate a perception of bias of fons, could my involvemen inflict of Interest? fon?	t in this matter cast				



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:
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
Do you act for the University or represent the university in Boards, Trusts or other committees.  Yes No If yes, please provide further details below:
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:
MANAGER/SUPERVISOR TO COMPLETE
MANAGENGO ENVIOUR TO CONFEETE
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
☐ No – The individual does not have a conflict of interest



#### 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?							
Individual declaration	1:		Manage	r/Supervisor declaration	on		
I declare that:  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.					
Name: Signature:			Name:	s:			
Date:			Date:				



MANAGER/SUPERVISOR TO COMPLETE								
Management plan review schedule								
The management plan		ows: (M	anager to tick one box).					
Not applicable, as the conflict is of short duration.								
Every r	months							
Other:								
The plan will be reviewe	ed if any change occurs	that m	ay affect the plan or its ris	sk level.				
APPROVALS: CPO or	EDRO to complete							
☐ Approved by Chief P	eople Officer							
Name:	Name: Signat			ature:				
Approved by the Executive Director, Research Office://								
Name: Sign			gnature:			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:		Signa	Signature:			Date:/		
Deputy Vice-Chancellor (Research and Industry Engagement)								
Name:		Signature:			Date	Date:/		
Review of plan	Date of review	1	No change to plan	New/revised p developed	lan	Conflict of interest no longer exists		
Review 01								
Review 02								
[continue as needed]			П					