

## PEOPLE AND CULTURE NON-CLINICAL POLICY

### CONFLICT OF INTEREST POLICY

#### Staff this document applies to:

- All workplace participants including Austin Health staff (including honorary staff), Board members, contractors, consultants, students and visiting clinical staff.

#### Related Austin Health policies, procedures or guidelines:

[Code of Conduct Policy](#)

[Disciplinary Policy](#)

[Procurement Policy](#)

[Recruitment and Selection Policy](#)

[Gifts, Benefits and Hospitality Policy](#)

[Delegations of Authority \(DoA\) Policy](#)

[Research Policy](#)

[Research Misconduct Procedure](#)

#### Purpose:

Conflicts of interest usually arise not as a consequence of malign motivations but from complex circumstances. Workplace participants may occupy multiple roles and have multiple commitments. These different roles involve varying obligations so conflicts may arise.

Protecting the integrity of professional judgment in patient care and hospital operations is important to preserve public trust in Austin Health. Patient care and hospital operations can be compromised by financial and non-financial interests that may lead to conflicts of interest. bias professional judgment and adversely affect decision making. All Austin Health workplace participants have a duty to put the interests of Austin Health above their private interests when carrying out their Austin Health duties.

This policy states Austin Health's position on conflict of interest, including the requirement for workplace participants that conflicts of interest are to be avoided wherever possible, or where a conflict cannot be avoided the conflict is:

- Identified and declared
- Actively managed, in accordance with this policy.

All workplace participants have an ongoing responsibility to formally disclose any engagement in activities or holding of financial assets that involve, or could appear to involve, or be reasonably perceived to involve, a conflict between their personal interests and the interests of Austin Health.

## Policy:

Austin Health is committed to and will uphold the following principles in applying this policy:

### Policy Principles

**Public interest:** all workplace participants have a duty to place the public interest (being the interests of Austin Health) above their private interests when carrying out their Austin Health duties and functions. The safety and wellbeing of patients and the effective operation of the hospital take priority over an individual's commercial, financial, personal or other interests.

**Accountability:** all workplace participants are accountable for avoiding wherever possible or identifying, declaring and managing any actual, potential or perceived conflict of interest that applies to them. Workplace participants with direct reports are accountable for overseeing management of their direct reports' conflicts of interest, modelling good practice and promoting awareness of Austin Health's conflict of interest policy and processes.

**Risk-based approach:** Austin Health will take a risk-based approach to assessing and managing conflict of interest risks. Workplace participants with direct reports must ensure they are aware of the conflicts inherent in their team members' work and functions and monitor the risks to which their direct reports are exposed.

### Definitions

#### Conflict of interest

- A conflict of interest arises when a workplace participant has a private interest that could improperly influence, or be seen to influence, their decisions or the performance of their Austin Health duties. Conflicts can be actual, potential or perceived and can be financial or non-financial in nature.

<b>Actual</b> conflict of interest	there is a <u>real conflict</u> between a workplace participant's Austin Health duties and their private interests
<b>Potential</b> conflict of interest	a workplace participant has a private interest that <u>could conflict</u> with their Austin Health duties. This refers to circumstances where it is foreseeable that a conflict may arise in future and steps should be taken now to mitigate that future risk
<b>Perceived</b> conflict of interest:	the public or a third party could <u>form the view</u> that a workplace participant's private interests could improperly influence their decisions or actions in respect of their Austin Health duties, now or in the future.

#### Conjoint/joint appointment

- Conjoint or joint appointments refer to appointments at affiliated or partnering universities/research institutes to support linkages between learning and teaching, research and clinical practice. These include supernumerary appointments, secondary or employment and secondments and resource sharing arrangements between Austin Health and universities/research institutes.

#### Private interests

- A private interest means anything that can influence a workplace participant. Private interests include direct interests, such as a workplace participant's own personal, family, professional or business interests. They also include indirect interests, such as the personal, family, professional or business interests of individuals or groups with whom the workplace participant is, or was recently, closely associated.
- Private interests may be pecuniary (i.e. financial), which includes any actual, potential or perceived financial gain or loss by the workplace participant. They may also be non-pecuniary, which includes any tendency toward favour or prejudice resulting from personal or family relationships, such as friendships, enemies or sporting, cultural or social activities.

#### Consensual personal relationship

- Includes any consensual sexual, intimate and/or romantic relationships between adults of any sex or gender identity. Relationships of this kind may be on a casual, periodic or regular basis and may or may not constitute a primary relationship.
- A consensual personal relationship includes a familial relationship of spouse or de facto partner.

### Direct hierarchical relationship

- A relationship where workplace participants are of different levels of seniority in an organisation, within the same reporting line. The senior workplace participant may not have direct management or supervision of the subordinate workplace participant but has some level of decision power or other authority over their role.

### Professional relationship

- A relationship between workplace participants that involves professional interactions.

### Senior Position

- A person who holds a Level 1, 2, 3 or 4 position under the Delegations of Authority Policy as follows:

<b>LEVEL</b>	<b>POSITION</b>
<b>Level 1</b>	Board of Directors
<b>Level 2</b>	Chief Executive Officer
<b>Level 3</b>	Chief Financial Officer
	Chief Operating Officer
	Chief Medical Officer
	Chief Information and Services Officer
	Chief People and Culture Officer
	Chief Nursing Officer
	Chief Strategy and Sustainability Officer
<b>Level 4</b>	Chief Allied Health Officer
	General Counsel
	Director Fundraising and Corporate Communications
	Director North Eastern Public Health Unit
	Director, Finance
	Director, Financial Accounting
	Director, Health Information Services
	Director, Business Intelligence
	Director, Procurement and Supply
	All Divisional Directors in COO Division
	All Division Medical Directors in COO Division
	Deputy Chief Medical Officers
	Director, Pharmacy
	Director, Pathology
	Director - Discovery and Innovation (Research)
	Manager - Discovery and Innovation (Research)
	Director of Patient Safety and Clinical Excellence.
	All Directors of nursing and clinical education within the CNO Division
	Director - Capital Works
	Director - Support Services
	Director - Asset Services
	Director - EMR and ICT Services
	Director, Planning
	Director - People and Culture
	All holders of conjoint appointments e.g Professor of Surgery
	Members of the Austin Health Human Research Ethics Committee
<b>Other</b>	As required

## Managing a Conflict of Interest - Process

- Workplace participants must avoid wherever possible or identify, declare and manage conflicts of interest in accordance with this policy and the procedures set out in **Appendix A**.
- The key principle is that a conflict of interest must be declared and discussed by the workplace participant with their Manager in accordance with the procedures set out in **Appendix A**.

## Examples of conflicts of interest which must be declared and managed

There are certain actions that Austin Health considers to be conflicts of interest that **must be declared**.

Austin Health workplace participants are not permitted to do any of the following, without having made a declaration and obtained approval from the relevant Manager.

- Enter into any other employment or have any involvement in any organisation (eg conjoint/joint appointments) where such employment or involvement would affect the ability of the workplace participant to perform their normal Austin Health duties in a safe and confidential manner, or which otherwise affects the normal employee-employer/engagement relationship at Austin Health.
- Enter into any transaction on behalf of Austin Health where that workplace participant, their family or associates stand to make a personal or financial gain from the transaction or participate in the procurement process for any such transaction.
- Participate in the recruitment for a position at Austin Health of another person who is a relative of the workplace participant or with whom the participant has a consensual personal relationship, or act as a direct manager of a relative or person with whom they have a consensual personal relationship.
- In their Austin Health role, a workplace participant approves an arrangement, project or contract involving Austin Health that benefits that person's private interests (whether pecuniary or non-pecuniary) in another role (whether paid or unpaid) that the workplace participant holds with another organisation.
- In the context of research, it exists where a person's individual interests or responsibilities have the potential to influence the carrying out of their institutional role or professional obligations in research. While a conflict may relate to financial interests, it can also relate to personal, familial, professional or organisational benefits or advantages that depend significantly on or could unduly influence research outcomes. The perception that a conflict of interest is not properly identified or managed is a serious matter and can raise concerns about the integrity of individuals or the research management practices of Austin Health, potentially undermining community trust in research. In relation to research projects, this Policy must be adhered to, in addition to declaring conflict of interests in research regulatory documentation.

## Breaches

- It should be recognised that having multiple interests does not necessarily constitute a conflict of interest and that having a conflict of interest does not, in itself, imply improper motivation or individual wrongdoing.
- A workplace participant's failure to identify, declare and manage a conflict of interest in accordance with this policy could lead to disciplinary action in accordance with Austin Health's Disciplinary Policy. Contractors and consultants may be subject to contract re-negotiation, including termination. Actions inconsistent with this policy may also amount to misconduct under the *Public Administration Act 2004* (Vic).
- For further information on managing breaches of this policy, please contact your Manager, a People and Culture Business Partner or General Counsel.

## Speak up

- Workplace participants who consider that a conflict of interest within Austin Health may not have been declared or is not being appropriately managed should speak up and notify their Manager, a People and Culture Business Partner or General Counsel.
- Austin Health will take decisive action, including possible disciplinary action, against workplace participants who discriminate against or victimise those who speak up in good faith.

## Contacts for further information

- A conflict of interest is not always clear to those who have them. Workplace participants who are unsure about a possible conflict of interest, or the application of this policy, should ask their Manager, a People and Culture Business Partner or General Counsel for advice.

## Conflict Declaration Forms

- Conflict of Interest Declaration and Management Form
- Declaration and Management of Private Interests Form

### Document Author/Contributors:

- Board Secretary
- General Counsel
- Chief People and Culture Officer
- Manager, Discovery and Innovation

### Legislation/References/Supporting Documents:

*Public Administration Act 2004* (Vic)

Standing Directions under the Financial Management Act 1994 (Vic)

Code of Conduct for Victorian Public Sector Employees 2015

Code of Conduct for Directors of Victorian Public Entities 2024

Victorian Public Sector Commission Managing Conflicts of Interest: a Guide to Policy Development and Implementation

NHMRC National Statement on Ethical Conduct in Human Research (2023)

NHMRC Australian Code for the Responsible Conduct of Research (2018)

### Endorsed by:

Executive Committee Austin Health Austin  
Health Board

### Document Owner /Person Responsible for Document:

General Counsel  
Chief People and Culture Officer

**General guidelines**

Identify conflict of interest

- Workplace participants should regularly consider the relationship between their private interests and their Austin Health duties in order to identify any conflict of interest (for example, in recruitment, before major projects, tender decisions, legal proceedings or policy development).
- Private relationships, including family relationships, business relationships and consensual personal relationships carry a high risk of conflict with a workplace participant’s duties.
- Workplace participants with direct reports must consider the risk profile of their team and its functions, and ensure direct reports are aware of any increased risks of conflicts of interest in their work.
- Whilst conflict of interest may occur, some functions and activities are higher risk than others and may require increased risk mitigation measures. The following functions are considered by Austin Health to be high risk:
  - Recruitment
  - Procurement, contract management and tendering
  - Dual / honorary appointments
  - Research.

Declare conflict of interest

- An actual, perceived or potential conflict of interest **must be declared** by the workplace participant.
- Workplace participants should discuss any conflict of interest with their Manager.
- If the Manager determines that the workplace participant is required to complete a Conflict of Interest Declaration and Management Form (see **Appendix B**), the workplace participant must complete the form and in conjunction with their Manager, complete the section of the form outlining the management plan for managing the conflict of interest. The fully completed and signed form should be submitted to the Director and/or Executive Director of their Department.
- The workplace participant should also submit the completed Conflict of Interest Declaration and Management Form to HR Shared Services for filing on the workplace participant’s personnel file.
- Austin Health representatives involved in a matter raised under this policy are required to respect the privacy of personal information provided and the sensitivity of the matters raised. Disclosure of personal information should be limited to a strict ‘needs to know’ basis.

Manage conflict of interest

- Workplace participants’ conflict of interest management plans will ensure conflicts are managed and resolved in favour of Austin Health’s interest rather than that of the workplace participant and will be based on the following mitigation strategies:

<b>Restrict:</b> restrictions are placed on the workplace participant’s involvement in the matter.
<b>Recruit:</b> a disinterested third party is used to oversee part or all of the process that deals with the matter. In most circumstances, a subordinate would not be considered a disinterested third party.
<b>Remove:</b> the workplace participant removes themselves, or is removed, from the matter.
<b>Relinquish or Resign:</b> the workplace participant relinquishes the private interest that is creating the conflict. Where relinquishing the interest is not possible (e.g. relationship with family) and the conflict cannot be managed in Austin Health’s interest using one of the other options above, the workplace participant may consider resigning or ceasing their engagement with Austin Health.

- Workplace participants with direct reports should review conflict of interest management plans regularly to ensure they remain effective (for example, annually, before recruitment decisions are made, major projects, tender decisions or policy development).
- Austin Health's Board Audit and Risk Committee will receive a report annually on the administration and quality control of the conflict of interest declaration process.

### **Guidelines for managing consensual personal relationships**

#### Purpose

- Austin Health recognises that many people have consensual personal relationships that start at work. Consensual relationships are not prohibited and are private in nature. However, it is important to be aware of and to manage the impacts that these relationships may have in the workplace, especially where these give rise to actual, potential or perceived conflicts of interest.
- These guidelines are intended to promote clarity and to support Austin Health and its workplace participants to have a consistent approach to the management of consensual personal relationships and any related risks.

#### Principles

- Workplace participants who are in a consensual personal relationship and who also have a professional relationship, are required to ensure that the risk of an actual, potential or perceived conflict of interest is managed appropriately.
- Each workplace participant is responsible for managing their own conflict of interest risk within the relationship.
- While a conflict of interest can arise between workplace participants of the same level of seniority, the risk may be heightened for hierarchical relationships where the workplace participants are of differing levels of seniority, particularly if there is a direct line of supervision.
- Workplace participants in positions of senior leadership should, in particular, be mindful of their responsibility to model appropriate behaviour in line with the Austin Health Values. They should also be cognisant of the power imbalance in place between different staffing levels. Declarations of consensual personal relationships can be made in confidence to protect personal privacy, with only relevant persons being advised of the conflict of interest and any arrangements necessary to manage it. Austin Health representatives involved in a matter raised under this policy are required to respect the privacy of personal information provided and the sensitivity of the matters raised. Disclosure of personal information should be limited to a strict 'needs to know' basis.

#### Workplace participants in consensual personal relationships *with* a direct hierarchical relationship

- Austin Health considers any consensual personal relationship involving people in a direct hierarchical relationship to represent a potential conflict of interest.
- Where such a relationship exists or arises at any time, workplace participants are to declare the relationship to their Manager or, if that is not appropriate, a member of the People and Culture team.
- This will allow appropriate arrangements to be put in place to manage the conflict of interest, which may include temporary or permanent changes to reporting or supervisory arrangements.
- If the Manager determines that the workplace participant is required to complete a Conflict of Interest Declaration and Management Form, the workplace participant must complete the form and in conjunction with their Manager, complete the section of the form outlining the management plan for managing the conflict of interest. The fully completed and signed form should be submitted to the Director and/or Executive Director of their Department.
- The workplace participant should also submit the completed Conflict of Interest Declaration and Management Form to HR Shared Services for filing on the workplace participant's personnel file.
- Any decision to move one of the individuals concerned should not automatically preference the senior individual and each case should be considered on its own merits. Any process to manage a conflict must avoid discrimination or action that unfairly impacts upon a person's employment or engagement and should be commensurate with the seriousness of the identified risk

### Workplace participants in consensual personal relationships *without* a direct hierarchical relationship

- Where a consensual personal relationship exists or arises at any time without a direct hierarchical relationship, workplace participants are, in the first instance, required to manage the risk of a conflict of interest arising as a result of the relationship.
- Workplace participants without a direct hierarchical relationship are only required to confidentially disclose a consensual personal relationship where an actual, potential or perceived conflict of interest cannot be appropriately avoided. Confidential disclosure of consensual personal relationships provides the opportunity for the risk to be managed. Disclosure should be made to the Manager of the workplace participant who can advise on whether and how the risk can be managed.
- If the Manager determines that the workplace participant is required to complete a Conflict of Interest Declaration and Management Form, the workplace participant must complete the form and in conjunction with their Manager, complete the section of the form outlining the management plan for managing the conflict of interest. The fully completed and signed form should be submitted to the Director and/or Executive Director of their Department.
- The workplace participant should also submit the completed Conflict of Interest Declaration and Management Form to HR Shared Services for filing on the workplace participant's personnel file.

### Guidelines for the declaration and management of private interests

- In addition to the requirement for all workplace participants to declare a conflict of interest, persons holding **Senior Positions** (as defined by this policy) must complete the relevant Declaration and Management of Private Interests Form (see **Appendix C**) upon appointment, annually after appointment and within five working days after their circumstances change (i.e. their circumstances as they relate to the topics covered in the declaration form).
- The Declaration and Management of Private Interests Form sets out specific instructions for the workplace participant and their Manager to complete and submit the form. It also provides instructions and guidance including that a workplace participant is only required to record family interests that are known to them and that may reasonably raise an expectation of a conflict of interest. Where family members are in a direct hierarchical relationship, this relationship must be disclosed.
- While the completion of the Declaration and Management of Private Interests Form is a requirement of the Department of Health under the Standing Directions, it also supports behaviour consistent with this Conflict of Interest Policy and Austin Health's Code of Conduct Policy.

### Specific requirements for the declaring conflicts of interest in research

- The National Clinical Trials Governance Framework requires health service organisations and trial sites providing clinical trial services to have systems in place to effectively identify and manage conflicts of interest.
- Good Clinical Practice requires trial investigators to acknowledge and effectively manage conflicts of interest to ensure trials collect high quality, credible data that contribute to the answering of specific scientific and clinical questions, while most importantly protecting the rights, safety and well-being of clinical trial participants.
- Austin Health staff, visiting researchers and research partners must comply with this policy and declare all actual and perceived conflicts of interests, including any financial or other interest or affiliation that bears on the research (see Chapter 5.6 and the Australian Code for the Responsible Conduct of Research and its supporting guides). Where applicable, this disclosure should specify any business, financial or other relevant association between a researcher and the developer, manufacturer or supplier of a drug, device or other product of potential commercial value to be used in the research.
- Where a conflict of interest is identified the Conflict of Interest Declaration and Management Form is to be completed and reviewed by Austin Health Discovery and Innovation Unit, and where applicable the Human Research Ethics Committee to ensure there are appropriate measures in place to manage conflicts of interest arising in the research. These should be tailored to the individual circumstances and may include one or more of the following measures:
  - (a) requiring that the information be disclosed to research participants;
  - (b) requiring that the information be disclosed in any presentation or publication of the research results or outcomes;
  - (c) requiring that the researcher absent themselves from any deliberations or decision making about the research;

- (d) requiring that the researcher plays a different or reduced role in some or all of the research, including not being involved in recruitment or making the initial approach to participants;
- (e) involving an appropriate individual or advisory group to oversee some or all of the research activity;
- (f) requiring the researcher to relinquish financial or other interests;
- (g) requiring the researcher to withdraw from the conduct of the research; or
- (h) determining that the research not be conducted.

## Appendix B: Conflict of Interest Declaration and Management Form

(Use this form where a conflict has been identified and is to be reviewed and managed)

*This declaration forms part of Austin Health's procedures to support behaviour consistent with each of Austin Health's Code of Conduct Policy and the Code of Conduct for Victorian Public Sector Employees.*

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Workplace participant name:

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Important information

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### 1. Who must complete this form

- a. Any employee who has identified a conflict between their private interests and Austin Health duties.
- b. Any employee engaged in a consensual personal relationship where a direct hierarchical relationship is in place (refer to definition section below).
- c. All workplace participants involved in a project (e.g. procurement and tendering etc.) considered to be high risk (e.g. based on the nature or value of the project), where the Manager has determined that the form should be completed.
- d. Any workplace participant (e.g. employees, contractors/consultants) assessed by the Austin Health Conflict of Interest Policy as warranting a declaration on the basis of potential, perceived or actual conflict of interest risk.

### 2. How often must this form be completed

This form must be completed:

- At the time a conflict of interest is identified.
- Prior to commencement of the project or recruitment process.
- At any time instructed by the workplace participant's manager.

### 3. What to do with the completed form

The following steps must be taken to complete the declaration process:

- Workplace participant to complete **Sections A** and **B** of the form and provide to manager;
- Manager and workplace participant to complete risk management plan at **Section C** (where relevant) and sign declaration at **Section D**; and

The completed Conflict of Interest Declaration and Management Form is to be submitted to HR Shared Services for filing on the workplace participant's personnel file.

### 4. Filling in this form

- a. Complete the form as accurately and comprehensively as possible.
- b. Type or write your answers legibly.
- c. Provide an answer for each question. Do not leave any questions unanswered.
- d. See Austin Health's *Conflict of Interest Policy* for further information and contact details for advice on completing this form.

**Definitions to assist in completing this form:**

**Conflict of interest:** a conflict of interest arises when a workplace participant has a private interest that could improperly influence, or be seen to influence, their decisions or the performance of their Austin Health duties. Conflicts can be actual, potential or perceived and can be financial or non-financial in nature.

**Consensual personal relationships:** include consensual sexual, intimate and/or romantic relationships between adults of any sex or gender identity. Relationships of this kind may be on a casual, periodic or regular basis and may or may not constitute a primary relationship. A consensual personal relationship includes a familial relationship of spouse or de facto partner.

**Direct hierarchical relationship:** a relationship where workplace participants are of different levels of seniority in an organisation, within the same reporting line. The senior workplace participant may not have direct management or supervision of the subordinate workplace participant, but has some level of decision power or other authority over their role.

<b>Section A. Workplace participant, manager and project/work details (this may refer to the workplace participant’s line manager or a particular project or procurement manager)</b>			
<b>A.1 Workplace participant details</b>			
<b>Name</b>		<b>Position Title</b>	
<b>Office Location</b>		<b>Contact Number</b>	
<b>Email</b>		<b>Financial delegation</b>	Yes, for \$ _____; or No
<b>A.2 Manager details</b>			
<b>Name</b>		<b>Position Title</b>	
<b>Office Location</b>		<b>Contact Number</b>	
<b>Email</b>			
<b>A.3 Project/work details</b>			
<b>This declaration is made in relation to the following project/task:</b> <i>(e.g. recruitment for Policy Officer Role Ref: 12345)</i>			

<b>Section B. Identification of a conflict of interest risk</b>	
B.1 I have made the following assessment: (tick appropriate box)	<p><b><u>No risk of conflict of interest identified</u></b></p> <p>I have considered the nature of the project/task, considered my professional duties and personal interests, and declare that to the best of my knowledge, no actual, potential or perceived conflict risk of exists. <i>[Go to section D]</i></p> <p><b><u>Risk of conflict of interest identified</u></b></p> <p>I have considered the nature of the project/task, considered my professional duties and personal interests, and consider that an actual, potential or perceived conflict of interest risk exists. <i>[Go to section C]</i></p>
<b>Section C. Conflict of interest management plan</b>	
<b>C1. Type of conflict of interest identified</b>	
<p><b>The following conflict of interest risk was identified:</b></p> <p><i>Useful information: state the specific personal interest identified (e.g. relationship with workplace participant/friend/family; financial interest; conflict of duty etc.) and detail how this raises an actual, potential or perceived conflict of interest with the workplace participant's duties.</i></p>	
<b>C2. Management plan for workplace participant's conflict of interest</b>	
<p><b>The workplace participant and manager will take the following action to manage the conflict of interest:</b></p> <p><i>Useful information: this management plan will ensure conflict risks are managed and resolved in favour of Austin Health's interest rather than that of the workplace participant and will be based on the following mitigation strategies:</i></p> <p><i><u>Restrict:</u> restrictions are placed on the workplace participant's involvement in the matter.</i></p> <p><i><u>Recruit:</u> a disinterested third party is used to oversee part or all of the process that deals with the matter.</i></p> <p><i><u>Remove:</u> the workplace participant removes themselves, or is removed, from the matter.</i></p> <p><i><u>Relinquish or Resign:</u> the workplace participant relinquishes the private interest that is creating the conflict. Where relinquishing the interest is not possible (e.g. relationship with family) and the conflict cannot be managed in Austin Health's interest using one of the other options above, the workplace participant may consider resigning.</i></p>	

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<b>C3. The workplace participant and manager will ensure this management plan is reviewed:</b>	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):
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**Section D. Declarations**

**D.1 Workplace participant declaration**

I declare that to the best of my knowledge, the information in this form is true and correct. Any actions described in Section C of the form (if any) have been put in place to effectively manage any actual, perceived or potential conflict of interest. I undertake to adhere to any conflict of interest risk management plan set out in Section C (if any) to ensure that Austin Health's reputation and the public interest are adequately protected.

I undertake to make further declaration should a change in my circumstances give rise to an expectation of a conflict of interest.

**Signature of Workplace participant:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**D.2 Manager declaration**

I undertake to adhere to any conflict of interest risk management plan set out in Section C (if any), and to monitor my workplace participant's adherence to the management plan, which is in place to ensure that Austin Health's reputation and the public interest are adequately protected.

**Signature of Manager:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

## Appendix C: Declaration and Management of Private Interest Form

(use this form for declaring private interests upon commencement of employment and regularly thereafter)

Workplace participant name:

Important information

### Instructions for completing this form

#### 1. Who must complete this form

All workplace participants as defined by the Austin Health Conflict of Interest Policy.

#### 2. How often must this form be completed

This form must be completed:

- upon appointment to a position listed by the Austin Health Conflict of Interest Policy.
- annually after appointment
- within five working days after the workplace participant's circumstances change (regarding topics covered in this form).

#### 3. What to do with the completed form

The following steps must be taken to complete the declaration process:

- Workplace participant to complete **Sections A and B** of the form and provide to manager for assessment and signature
- Manager to assess and complete **Section C**
- Workplace participant and manager to sign declaration at **Section D**.

#### 4. Filling in this form

- Complete the form as accurately and comprehensively as possible.
- Type or write your answers legibly.
- Provide an answer for each question. Do not leave any questions unanswered
- See Austin Health's Conflict of Interest policy for further information and contact details for advice on completing this form.

### Use of your personal information

1. Austin Health treats all personal information provided in a declaration in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Public Records Act 1973* (Vic).
2. When you provide us with information about other individuals, we rely on you to make them aware that such information will or may be provided to us as part of the application process.
3. If you do not provide all or part of the requested information this may impact on your application.
4. Where the employer determines that there is any material conflict, an appointment may not proceed, you may have restrictions placed on your involvement in certain matters, or your appointment/employment may be suspended whilst the particular interest remains.

## Section A. Private interests

### Definitions to assist in completing this section:

**Family (Qn A4, A7 and A8):** this includes your immediate family (e.g. husband, wife, spouse, partner, child, parent or sibling) or those family members who are wholly or substantially dependent on you and whose affairs are closely linked. Family interests refers only to interests that are known to the workplace participant and that may reasonably raise an expectation of a conflict of interest.

**Conflict of interest:** a conflict of interest arises when a workplace participant has a private interest that could improperly influence, or be seen to influence, their decisions or the performance of their Austin Health duties. Conflicts can be actual, potential or perceived and can be financial or non-financial in nature.

**Consensual personal relationships:** include consensual sexual, intimate and/or romantic relationships between adults of any sex or gender identity. Relationships of this kind may be on a casual, periodic or regular basis and may or may not constitute a primary relationship. A consensual personal relationship includes a familial relationship of spouse or de facto partner.

**Direct hierarchical relationship:** a relationship where workplace participants are of different levels of seniority in an organisation, within the same reporting line. The senior workplace participant may not have direct management or supervision of the subordinate workplace participant, but has some level of decision power or other authority over their role.

### A1. Other significant sources of income

Do you have income from any sources other than your main source of employment income relating to: <ul style="list-style-type: none"><li>• contracts;</li><li>• offices held in return for payment or other reward; or</li><li>• a trade, vocation or profession engaged in by you?</li></ul>	YES <input type="checkbox"/>  NO <input type="checkbox"/>
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If yes, please provide details of this source of income.

Please explain how this income may reasonably raise an expectation of conflict of interest, or a material interference with your public duties. Alternatively, please explain why it does not.

### A2. Office holder:

Do you hold office in any public or private: <ul style="list-style-type: none"><li>• company;</li><li>• trustee company;</li><li>• incorporated association; or</li><li>• other entity?</li></ul>	YES <input type="checkbox"/>  NO <input type="checkbox"/>
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If yes, please provide the name of the organisation and the office you hold.

Please explain how this office may reasonably raise an expectation of conflict of interest, or a material interference with your public duties. Alternatively, please explain why it does not.

### A3. Shareholdings and other business interests:

Do you have any shareholdings, investments or other business?

YES

*This includes a company, partnership, association or other entity, as well as nominee shareholders on behalf of the agency in government companies.*

NO

If yes, please provide details about the nature of the interest of all such holdings (not the amount).

Please explain how this/these shareholdings or investments may reasonably raise an expectation of conflict of interest, or a material interference with your public duties. Alternatively, please explain why it does not.

### A4. Trusts

Are you:

YES

- a beneficiary of any trust (If so, who is the trustee?);
- the trustee of any trust; or
- the director of a trustee company in which a member of your family (to your knowledge) is a beneficiary?

NO

If yes, please provide details about the operations of the trust/s.

Please explain how the operation of the trust/s may reasonably raise an expectation of conflict of interest, or a material interference with your public duties. Alternatively, please explain why it does not.

### A5. Real estate

Do you own any real estate (including your residence)?

YES

NO

If yes, please provide details about ownership, location and purpose of this property.

Please explain how the ownership of this property may reasonably raise an expectation of conflict of interest, or a material interference with your public duties. Alternatively, please explain why it does not.

**A6. Agreements**

Have you entered any contract, agreement or understanding that gives rise to: <ul style="list-style-type: none"><li>• an obligation; or</li><li>• an expectation of reward, e.g. an agreement about future employment once your appointment term is completed <u>that may reasonably raise an expectation of a conflict of interest?</u></li></ul>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If yes, please provide details about the nature of this contract, obligation or agreement.

Please explain how this this contract, obligation or agreement may reasonably raise an expectation of conflict of interest, or a material interference with your public duties.

**A7. Family interests**

<u>To your knowledge</u> , do any of the following apply to your family <u>that may reasonably raise an expectation of conflict of interest</u> : <ul style="list-style-type: none"><li>• own real estate (including a residence)</li><li>• entered into any contract, agreement or understanding that gives rise to an obligation or expectation of reward</li><li>• have any shareholdings, investments or other business (<i>this includes a company, partnership, association or other entity, as well as nominee shareholders on behalf of the agency in government companies.</i>)</li></ul>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If yes, please provide details, including the nature of the interest and how the interest may reasonably raise an expectation of conflict of interest.

A8. Other financial interests	
<p>Do you or a member of your family (to your knowledge) have any other significant financial or other interests <u>of which you are aware, which could reasonably raise an expectation of a conflict of interest or material interference with your public duties?</u>            These include financial interests that:</p> <ul style="list-style-type: none"> <li>• have been held;</li> <li>• are currently held; or</li> <li>• will accrue.</li> </ul>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>If yes, please provide details of the financial interest.</p>	
<p>Please explain how this/these financial interests could reasonably raise an expectation of conflict of interest, or a material interference with your public duties.</p>	
A9. Other interests	
<p>To your knowledge, are there any other arrangements or circumstances not already covered to declare which could constitute a conflict of interest?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>If yes, please provide details of these arrangements or circumstances.</p>	
<p>Please explain how these arrangements or circumstances of which you are aware, could reasonably raise an expectation of conflict of interest, or a material interference with your public duties.</p>	

## Section B. Probity

Definitions to assist in completing this section:

**Findings of guilt** (Qn B6): a 'finding of guilt' includes convictions, fines associated with criminal charges, good behaviour bonds, undertakings and community based orders, even where no conviction was recorded. It does not include a conviction under any prescribed spent convictions scheme.

### B1. Bankruptcy

Have you been declared bankrupt or been the subject of any order under the <i>Bankruptcy Act 1966</i> (Cth)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details

### B2. Insolvency

Have you been a director or executive officer of a corporation which became insolvent whilst you were a director or executive officer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details

### B3. Disqualification

Have you ever been disqualified from acting as a director or acting in the management of an incorporated association?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details

### B4. Corporate and civil penalties

Have you ever: <ul style="list-style-type: none"><li>contravened any civil penalty provision under the <i>Corporations Act 2001</i> (Cth) or any of its predecessors;</li><li>contravened the <i>Associations Incorporation Reform Act 2012</i> or any equivalent in another jurisdictions; or</li><li>been found guilty of any offence in relation to corporate or regulatory matters?</li></ul>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details

### B5. Criminal and civil proceedings

Are you currently a party in any capacity in either criminal or civil proceedings before a: **YES**

- court: **NO**
- tribunal; or
- other adjudication body, including a professional / registration / licensing body? Do you expect to become a party to any such proceedings in the next year?

If yes, please provide details

### B6. Findings of guilt

Has there ever been a finding of guilt against you for a criminal offence (except a conviction that is spent under any prescribed spent convictions scheme)? **YES**

**NO**

*Useful information: A “finding of guilt” includes convictions, fines associated with criminal charges, good behaviour bonds, undertakings and community-based orders, even where no conviction was recorded. It does not include a conviction under any prescribed spent convictions scheme.*

If yes, please provide details

### B7. Inquiries and investigations

To the best of your knowledge and belief, have you been, or are you currently, the subject of any inquiry or investigation, including those by: **YES**

- a department or agency of the Commonwealth; and/or
- a department or agency of a State or Territory of Australia; and/or
- a professional association; and/or
- a regulatory agency; and/or
- your current or a previous employer; and/or
- a consumer protection organisation?

**NO**

If yes, please provide details

I declare that to the best of my knowledge, the information I have provided in Section A and Section B of this declaration is true and correct. I undertake to advise the responsible Agency Head or delegate in writing if an actual, potential or perceived conflict arises in the future. If there is any change to the interests set out in Section A or to the answers set out in Section B of this declaration, I undertake to advise the responsible Agency Head or delegate of any alterations or additions to my declaration within five working days.

**Signature of Declarant:**

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**Name (please print):**

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**Date: \_**

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**Signature of Witness:**

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**Name (please print): \_**

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**Date:**

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**Section C. Manager's assessment and management plan for conflict of interest risk** (*Workplace participant's manager to complete this section*)

I have made the following assessment: (tick appropriate box)	<p><b><u>No conflict of interest risk identified</u></b></p> <p>I have noted the information contained in the declaration, considered the duties of the workplace participant and I am satisfied that the declaration <u>does not</u> identify any actual, potential or perceived conflicts of interest <b>[Go to Section D].</b></p> <p><b><u>Risk of conflict of interest identified</u></b></p> <p>I have noted the information contained in the declaration, considered the duties of the workplace participant and I have concluded that there is a risk of a conflict of interest. <b>[Go to question C1].</b></p>		
<b>C1. Type of conflict of interest identified</b>			
<p><b>The following conflict of interest risk was identified:</b></p> <p><i>Useful information: manager to state the specific personal interest identified (e.g. financial interest; conflict of duty etc.) and detail how this raises an actual, potential or perceived conflict of interest with the workplace participant's public duties.</i></p>			
<b>C2. Management plan for workplace participant's conflict of interest</b>			
<p><b>The workplace participant and I will take the following action to manage the conflict of interest:</b></p> <p><i>Useful information: this management plan will ensure conflict risks are managed and resolved in favour of the public interest rather than that of the workplace participant and will be based on the following mitigation strategies:</i></p> <p><i><b>Restrict:</b> restrictions are placed on the workplace participant's involvement in the matter</i></p> <p><i><b>Recruit:</b> a disinterested third party is used to oversee part or all of the process that deals with the matter</i></p> <p><i><b>Remove:</b> the workplace participant removes themselves, or is removed, from the matter</i></p> <p><i><b>Relinquish or Resign:</b> the workplace participant relinquishes the private interest that is creating the conflict. Where relinquishing the interest is not possible (e.g. relationship with family) and the conflict cannot be managed in the public interest using one of the other options above, the workplace participant may consider resigning.</i></p>			
<b>C3 The workplace participant and manager will ensure this</b>	<p>Within 1 month</p> <p>Within 12 months</p> <p>Other (specify):</p>	<p>Within 3 months</p> <p>N/A as the conflict is a one-off of short duration</p>	<p>Within 6 months</p>

management plan is reviewed:	
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**Section D. Declarations**

Workplace participant declaration (only required where a conflict of interest risk is identified)

The actions described in Section C of the form have been put in place to effectively manage any actual, perceived or potential conflict of interest disclosed in Sections A or B. I undertake to adhere to any conflict of interest risk management plan set out in Section C, which is in place to ensure that the Department's reputation and the public interest is adequately protected.

**Signature of Workplace participant:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Date:**                    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Manager declaration (must be signed by manager)

The actions described in Section C of the form have been put in place to effectively manage any actual, perceived or potential conflict of interest disclosed in Sections A or B. I undertake to adhere to any conflict of interest risk management plan set out in Section C, and to monitor my workplace participant's adherence to the management plan, which is in place to ensure that the Department's reputation and the public interest is adequately protected.

**Signature of Manager:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Date:**                    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

