

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)			
Staff ID number		Position title	
Surname		Given names	
School/Branch		Work contact number	
TO COMPLETE THIS PROCEDURE			
1.	Complete Parts A to G of the Disclosure Form to your supervisor as soon as possible personally or by email.		
2.	Provide any information required to properly assess the materiality of the conflict.		
3.	On receipt of the Disclosure Form your supervisor will discuss it with you and propose an appropriate resolution for the conflict of interest, which should be recorded in Part G of the Disclosure Form.		
4.	Forward the Disclosure Form to your supervisor for approval.		
5.	5 HFRUG DQG XSORDG \RXU DSSURYHG 'LVFORVXUH )RUP LQ 6WDII 6H		
DISCLOSURE STATEMENT (attach additional pages if required)			
A	I am declaring a conflict of interest which is		
	<input type="checkbox"/> Actual	<input type="checkbox"/> Potential	<input type="checkbox"/> Perceived
B	Describe the nature of the conflict of interest		
C	Describe how this conflict may influence or be seen to influence you		
D	Clinical trials: Are you conducting a clinical trial which is sponsored by any organisation with a significant interest in the results of the trial?		
	<input type="checkbox"/> Yes (provide details)	<input type="checkbox"/> No	

Behaviour and Conduct Handbook	Conflict of Interest ProcedureLVFORVMHRUP	Effective Date:	<b>\$ULO</b>	Version 1
Authorised by	Chief Operating Officer	Review Date:		Page 2 of 3

