DIVISION OF PEOPLE AND CULTURE

# Conflict of Interest Declaration

A conflict of interest is when your personal interests and professional duties conflict. The Charles Sturt [Conflict of Interest Procedure](https://policy.csu.edu.au/document/view-current.php?id=146) requires employees to disclose conflicts of interest to the Division of People and Culture (DPC). This applies to actual, potential and perceived conflicts of interest. [Learn more](https://www.csu.edu.au/division/people-culture/current-staff/my-employment/conflicts-of-interest)

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| EMPLOYEE INFORMATION |
|  |
| Employee ID Number |  |  |  |
|  |  |  |  |
| Employee Name |  |  |  |
|  |  |  |  |
| Charles Sturt Email |  |  |  |
|  |  |  |  |
| Provide details of the actual, potential or perceived conflict of interest |  |  |  |
|  |  |  |  |
| What controls or mitigations do you suggest? |  |  |  |
|  |
| The actual, potential or perceived conflict of interest relates to: |  | Day to day operations > refer to supervisor[See section 1](#_SECTION_1_-) |  | A recruitment process > refer to jobs@csu.edu.au[See section 2](#_SECTION_2_-) |  | Academic committee > refer to governance@csu.edu.auManagement committee >refer to Chair[See section 3](#_SECTION_3_-) |  |
|  |
| Declaration |  | In submitting this form, I declare that to the best of my knowledge and belief any actual, perceived or potential conflicts between my duties as an employee and my personal and/or business interests have been fully disclosed in this form in accordance with the requirements of the Charles Sturt University [Code of Conduct](https://policy.csu.edu.au/document/view-current.php?id=3) and [Conflict of Interest Procedure](https://policy.csu.edu.au/document/view-current.php?id=146).I agree to comply with any controls identified in this form for managing my actual, perceived or potential conflict of interest. If circumstances change or controls are insufficient, I will advise my supervisor and make a new disclosure if appropriate. |  |
|  |
| Employee Signature |  |  |  | Date |  |  |
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| SECTION 1 - FOR COMPLETION BY THE SUPERVISOR |  |
|  |  |  |  |
| Supervisor Name |  |  |  |
|  |  |  |  |  |  |
| Are you satisfied that the controls suggested above will effectively mitigate the risk? | Yes |  | No |  |  |
|  |  |  |  |
| If no, specify any additional controls required or whether you don’t think the conflict can be mitigated |  |  |  |
|  |  |  |  |
| Please provide any additional information of relevance |  |  |  |
|  |  |  |  |
| Do you endorse the activity? | Yes |  | No |  |  |
|  |
| Supervisor Signature |  |  |  | Date |  |  |
|  |
| Forward to form Executive Dean/Executive Director (Band 7) |
| FOR COMPLETION BY THE EXECUTIVE DEAN/EXECUTIVE DIRECTOR (BAND 7) |
|  |
| Band 7 Name |  |  |  |
|  |
| Comment (optional) |  |  |  |
|  |
| Do you endorse the activity and proposed controls? | Yes |  | No |  |  |
|  |
| Band 7 Signature |  |  |  | Date |  |  |
|  |
| Forward form to dpc@csu.edu.au with copy to supervisor and staff member |

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| SECTION 2 - FOR COMPLETION BY THE TALENT ACQUISITION TEAM |  |
|  |
| Talent Acquisition Consultant Name |  |  |  |
|  |
| Are you satisfied that the controls suggested above will effectively mitigate the risk? | Yes |  | No |  |  |
|  |
| If no, specify any additional controls required or whether you don’t think the conflict can be mitigated. |  |  |  |
|  |
| Talent Acquisition Consultant Signature |  |  |  | Date |  |  |
|  |
| Forward form to dpc@csu.edu.au with copy to selection committee chair and staff member |

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| SECTION 3 - FOR COMPLETION BY COMMITTEE CHAIR |
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| Chair Name |  |  |  |
|  |
| Are you satisfied that the controls suggested above will effectively mitigate the risk? | Yes |  | No |  |  |
|  |
| If no, specify any additional controls required or whether you don’t think the conflict can be mitigated. |  |  |  |
|  |
| Chair Signature |  |  |  | Date |  |  |
|  |
| Forward form to dpc@csu.edu.au with copy to staff member |

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| FOR COMPLETION BY THE DIVISION OF PEOPLE AND CULTURE |
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| DPC Declaration Number |  |  | Conflict Management Plan required? | Yes |  | No |  |  |
|  |
| Summary of controls and further comments |  |  |  |
|  |
| DPC Officer Name and Position |  |  |  |
|  |
| DPC Officer Signature |  |  |  | Date |  |  |
|  |
| Forward to staff member with copies to all parties |