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 |  |  | | | | | | | | | |  |
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| Charles Sturt Email |  |  | | | | | | | | | |  |
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| Provide details of the actual, potential or perceived conflict of interest |  |  | | | | | | | | | |  |
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| What controls or mitigations do you suggest? |  |  | | | | | | | | | |  |
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| 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](mailto:jobs@csu.edu.au?subject=Recruitment%20Conflict%20of%20Interest)  [See section 2](#_SECTION_2_-) | |  | | Academic committee > refer to [governance@csu.edu.au](mailto:governance@csu.edu.au?subject=Academic%20Committee%20Conflict%20of%20Interest)  Management 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](mailto:dpc@csu.edu.au) with copy to supervisor and staff member | | | | | | | | | |

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| SECTION 2 - FOR COMPLETION BY THE TALENT ACQUISITION TEAM | | | | | | | | |  |
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| 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](mailto:dpc@csu.edu.au) with copy to selection committee chair and staff member | | | | | | | | | |

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| SECTION 3 - FOR COMPLETION BY COMMITTEE CHAIR | | | | | | | | | |
|  | | | | | | | | | |
| Chair Name |  |  | | | | | | |  |
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| 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](mailto: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 |  | |  |
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| Summary of controls and further comments |  |  | | | | | | | | | |  | |
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| DPC Officer Name and Position |  |  | | | | | | | | | |  | |
|  | | | | | | | | | | | | | |
| DPC Officer Signature |  |  | | |  | Date | |  | | | |  | |
|  | | | | | | | | | | | | | |
| Forward to staff member with copies to all parties | | | | | | | | | | | | | |