Document Reviewed: 30/10/2023
Next Review Date: 29/10/2024
Authorized by: Board of Trustees

Declaration of Interest

Please complete this form if you believe that you may be involved in a conflict-of-interest situation or if you are unsure and seek to disclose a potential or perceived conflict of interest.

SECTION 1: PERSONAL DETAILS			
NAME:	Click here to enter text.		
JOB TITLE / AREA OF RESPONSIBILITY:	Click here to enter text.		
PHONE:	Click here to enter text.	EMAIL:	Click here to enter text.

SECTION 2: DISCLOSURE DETAILS

The actual, potential or perceived conflict of interest relates to: *(tick all appropriate box/s)*

- ☐ Relationship with family or friends
- ☐ Outside work activities (paid/unpaid)
- ☐ Financial interest
- ☐ Gifts/benefits
- ☐ Provision of private tutoring
- ☐ Procurement of goods and services
- ☐ Staff recruitment
- ☐ Relationship with external parties
- ☐ Disposal of Leaside assets
- ☐ Provision of external consultancy services
- ☐ Other (if you selected other please provide details)

The following actual, potential or perceived conflict of interest has been identified. (*please insert all relevant details)*

Click here to enter text.

The (actual, potential or perceived) conflict is expected to last: *(tick appropriate box)*

- ☐ 0–12 months
- ☐ >12 months or ongoing

SECTION 3: TO BE COMPLETED BY THE EMPLOYER

In my opinion the details provided: *(tick appropriate box)*

☐ do not constitute a conflict of interest, and I authorise the employee to continue the activity (go to Section 4).

☐ do constitute an actual, potential or perceived conflict of interest (please provide a detailed action plan below).

If the situation does constitute a conflict of interest, please ensure that the following actions have been considered:

- ensure all information surrounding the conflict has been disclosed and documented
- inform likely affected persons of the conflict, seeking their views where relevant as to whether they object
- reformulate the scope of work or restricting access to certain information
- recruit a third party to oversee part or all of the process
- recommend to relinquish the interest that is causing the conflict
- temporarily remove the person from the process or responsibilities
- monitor the person's activities closely in relation to the conflict of interest
- take no further action because the conflict is minimal.

I have reviewed the above considerations and request that the Employee takes the following action to eliminate/manage the conflict:

Click here to enter text.

I will ensure this action plan is reviewed:

☐ Within 1 month	☐ Within 3 months	☐ Within 6 months
☐ Within 12 months	☐ Other – specify	☐ N/A: the conflict is one-off or short duration

SECTION 4: EMPLOYEE'S DECLARATION

To the best of my knowledge and belief any actual, perceived or potential conflicts between my duties as an employee and my private and/or business interests have been fully disclosed in this form in accordance with the Leaside Trust's governing requirements.

I acknowledge, and agree to comply with, any approach identified in this form for removing or managing an actual, perceived or potential conflict of interest.

SIGNATURE: Click here to enter text. DATE:

SECTION 5: Managing Director			
The actions described in the approach outlined in Section 3 have been put in place to effectively manage any actual, potential or perceived conflict of interest disclosed in Section 2. The approach outlined in Section 3 ensures that the Leaside Trust's public interests and reputation is adequately protected.			
NAME:	Click here to enter text.		
SIGNATURE:	Click here to enter text.	DATE:	Click here to enter text.