

# DECLARATION OF PRIVATE INTERESTS FORM

Who must complete this form:

- Directors and members of governance boards or committees prior to appointment.
- Staff holding a financial delegation must complete this form annually (please email the form directly to your Supervisor).

## Personal Details

Full Name:	
GHE Role:	

## Declaration

I declare that:

1. I have read and understand the requirement under the **Conflict of Interest Policy** to declare any private financial, business, personal or other interests or relationships that have the potential to influence, or could be perceived to influence, decisions made or advice given by me.
2. I will take prompt action to manage any actual and/or reasonably perceived conflicts of interests, as required by the Policy.
3. **Option A**  (tick one box only)

Annex A lists my private interests for the purpose of this declaration. In preparing this list, I have had regard to:

- my private financial, business, personal or other interests or relationships;
- the functions and responsibilities of GHE;
- my role and responsibilities in GHE.

OR

4. **Option B**  (tick one box only)

I have no such private interests to declare.

Signature:	
Date:	

## ANNEX A

### List of Interests

Please list any private financial, business, personal or other interests or relationships which have the potential to influence, or could be perceived to influence, decisions made or advice given by you.

The types of interests and relationships that may need to be disclosed include real estate investments or holdings; shareholdings; trusts or nominee companies; company directorships or partnerships; other significant sources of income; significant liabilities; gifts; and private business, employment, voluntary, social, family or personal relationships.

Interests to declare
1.
2.

(hit tab to add rows)

OFFICE USE ONLY - Chair of Governance Board / Committee or Staff Supervisor to complete	
Has a potential / actual conflict of interest been identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, specify the nature of the potential/actual conflict of interest.	
Specify recommended follow-up action undertaken.	
Signature	Date

## Associated information

<b>Related Policy Suite Documents</b>	Conflict of Interest Policy Conflict of Interest Procedure Glossary of Terms
<b>Date Approved</b>	9 November 2020
<b>Approval Authority</b>	Chief Executive Officer
<b>Policy Custodian</b>	Chief Executive Officer
<b>PinPoint DocID</b>	2996

## Change history

<b>Version Control</b>		Version 1.0
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