This Declaration form should be used by all NT Health employees, including Executive Contract Officers if deemed appropriate. Please read NT Health’s *Conflict of Interest Policy and Conflict of Interest Declaration Procedure* before completing this declaration and confirm below that you have read and understood the documents.

If the conflict of interest relates to any type of paid outside employment or voluntary/unpaid outside employment (including membership on a Board or Committee) that is health related, you will also need to provide your approved Outside Employment Application Form.

## Declarant’s details

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Position:** |  |
| **Division and Location:** |  |
| **Telephone and Email:** |  |
| **I have read and understood NT Health’s** [**Conflict of Interest Policy**](http://internal.health.nt.gov.au/pgc/dm/_layouts/15/WopiFrame.aspx?sourcedoc=%7b8553E75C-98BE-4577-B260-2D366C181DA0%7d&file=Conflict%20of%20Interest%20Policy%20NT%20Health.DOCX&action=default&DefaultItemOpen=1) **and** [**Conflict of Interest Declaration Procedure**](http://internal.health.nt.gov.au/pgc/dm/_layouts/15/WopiFrame.aspx?sourcedoc=%7b9FC3C68E-1973-4A07-BEE7-524BB8D5BAF4%7d&file=Conflict%20of%20Interest%20Declaration%20Procedures,%20NT%20Health.docx&action=default&DefaultItemOpen=1) Yes | |
|  | |

|  |
| --- |
| **Step 1: Determine if a conflict of interest situation exists by completing the below questions:** |

|  |  |
| --- | --- |
| 1. Do you have any ties, obligations, financial relationships and/or affiliations with organisations, clubs, groups or individuals that: 2. receive funding from NT Health (e.g. from a contract or grant), or 3. provide goods/services to NT Health, or 4. are lobbying NT Health. | Yes  No |
| 1. Are you a member on a Committee or Board of which the entities purpose is related to provision of health services/programs and/or receives funding from NT Health (E.g. funding from an awarded contract or grant)? | Yes  No |
| 1. Do you receive remuneration as a member of a Committee or Board? | Yes  No |
| 1. Are you: 2. a company director (silent or active)?, or 3. a partner in a business (silent or active)?, or 4. owner of a private business?, or 5. a shareholder in a local company? | Yes  No |
| 1. Are you: 2. undertaking secondary employment of any kind?, or 3. undertaking voluntary work for an organisation/association? | Yes  No |
| 1. If you’ve answered ‘yes’ to questions 4 or 5, does the entity you are involved with: 2. receive funding from NT Health?, or 3. provide procured goods/services to NT Health?, or 4. provide similar services as NT Health (e.g. clinical, allied health, disability or aged care services, government administration)? | Yes  No |
| 1. Do you have a family member, relative or close friend that have ties to NT Health through procured contracts or grant funding? | Yes  No |
| 1. Do you have a close personal relationship with clients or contractors that have ties to NT Health through procured contracts or grant funding? | Yes  No |
| 1. Do you work with or manage, or are managed by, a family member, relative or close friend at NT Health? | Yes  No |
| 1. Would it appear to a third party observer that your private interests or associations are in conflict with your public duty? | Yes  No |
| 1. Would you find it hard to defend and justify any of your decisions or actions as a public servant because of your private interests or associations, if questioned publicly? | Yes  No |
| 1. Could your personal or financial involvement result in negative publicity for you or NT Health? | Yes  No |
| 1. Do you have affiliations (e.g. political, union, professional, religious) or commitments that could place you under an obligation in your role as a public servant? | Yes  No |
| ***If you have answered ‘yes’ to any of the questions above, then a conflict must be declared below.*** | |

|  |
| --- |
| **Step 2: Do you have a conflict of interest?**  If YES, complete Steps 3 to 12.  If NO, complete Steps 8, 9 and 12. |
| Yes  No |

|  |
| --- |
| **Step 3: Describe the nature of the conflict of interest/s** *(e.g. directorship, partnership, relationship, a relative’s or friend’s financial interests, external employment etc.). Please provide as much details as possible.* |
|  |
|  |
| **Step 4: Detail how the conflict of interest relates to your role as a public servant**  *(E.g. involvement in procurement/recruitment process, reporting lines, external employment is similar in nature to you role as a public servant). Please provide as much detail as possible.* |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Step 5: The identified conflict of interest is:** | | | | | |
|  | An **actual** conflict |  | A **perceived** conflict |  | A **potential** conflict |
|  | | | | | |
| **Step 6: The type of conflict is**: | | | | | |
|  | A **financial** conflict |  | A **partiality** conflict |  | A **role** conflict |
|  | | | | | |
| **Step 7: Proposed strategy for resolving or managing actual or perceived conflicts of interest (mandatory)** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **Step 8: Employee Acknowledgement** | | | | | | | |
|  | | | | | | | |
| **Name** |  | | | **Date** |  | |  |
|  |  | | |  |  | |  |
| **Position** |  | |  |  | | --- | --- | | **Signature** |  | | | | | | |
|  |  | | |  |  |  | |
|  |  | | |  |  | |  |
|  | | | | | | | |
|  | | | | | | | |
| **Step 9: Acknowledgement -** Director/Branch Head or equivalent | | | | | | | |
| **Name** |  | | | **Date** |  | |  |
|  |  | | |  |  | |  |
| **Position** |  | | |  |  | | --- | --- | | **Signature** |  | | | | | |
|  |  | | |  |  |  | |
|  |  | | |  |  | |  |
| ***Mandatory: Provide detail of how you will monitor strategies and actions to resolve/manage the declared conflict*** | | | | | | | |
|  | | | | | | | |
| **Step 10: Endorsement -** Deputy CEO, Senior Director Office of the CEO, Chief Health Officer or Regional Executive Director | | | | | | | |
| **Name** |  | | | **Date** |  | |  |
|  |  | | |  |  | |  |
| **Position** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | --- | --- | | **Signature** |  | | | | | | |
| ***Provide comment about the proposed strategy and plan to monitor the conflict***  *If the employee’s preferred strategy for managing the conflict is not supported, the employee will be provided where possible a right of reply prior to any decision being made direction alternative action. An employee if aggrieved by the outcome of a decision regarding their conflict of interest may elect to access the Disputes Resolution Provisions of their relevant certified agreement to progress their concern.* | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step 11: Approval -** Chief Executive Officer (required for conflicts of interest deemed as actual or perceived) | | | | | |
| **Name** |  | | **Date** |  |  |
|  |  | |  |  |  |
| **Position** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | --- | --- | | **Signature** |  | | | | |
| ***Provide comment about the proposed strategy and plan to monitor the conflict***  *If the employee’s preferred strategy for managing the conflict is not supported, the employee will be provided where possible a right of reply prior to any decision being made direction alternative action. An employee if aggrieved by the outcome of a decision regarding their conflict of interest may elect to access the Disputes Resolution Provisions of their relevant certified agreement to progress their concern.* | | | | | |

|  |
| --- |
| **Step 12: Send the completed declaration to:** [**RiskandAudit.NTHealth@nt.gov.au**](mailto:RiskandAudit.NTHealth@nt.gov.au) **for recording in the NT Health conflict of interest register.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **PGC/SharePoint ID:** HEALTHINTRA-1880-7858 | | **PGC/Content Manager ID:** EDOC2021/415845 | |
| **Version Number:** | Version: 19.0 | | **Approved Date:** 25/11/2021 | | **Review Date:** 25/11/2024 |