
Form – Employee - Conflict Of Interest Declaration

Use this form to declare any real, perceived, or potential conflicts of interest to your current or potential engagement with Headway Gippsland.

Nature of Conflict

- | | |
|---|---|
| <input type="checkbox"/> Actual conflict of interest | <input type="checkbox"/> Finance (pecuniary) conflict of interest |
| <input type="checkbox"/> Perceived conflict of interest | <input type="checkbox"/> Non-finance (non-pecuniary) conflict of interest |
| <input type="checkbox"/> Potential conflict of interest | |
| <input type="checkbox"/> Conflict of role | |

Provide information on your proposed involvement and responsibilities with the area of conflict.

Advise how you will manage and/or avoid this conflict impacting your engagement with Headway Gippsland.

Please note, conflicts of interest that pose reasonable risk to our business, the service provided to our clients, or our compliance with the NDIS Quality and Safety Framework or other regulatory references, may not be approved. As a condition of employment, it is expected that the employee will work with Headway Gippsland to mitigate this risk or resolve the conflict in order to comply with the employment agreement and company policies.

This form is to be retained in the employee's personnel file. It is the responsibility of the employee to ensure information is correct and updated accordingly.

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Declaration By Applicant

I declare the above details are accurate and correct to my knowledge and make this declaration in good faith.

Name	
Address	
Phone	
Email Address	
Signature	

Manager's Endorsement

☐ Approved ☐ Not approved (complete notes section)

Manager	
CEO	
Notes	
Dated	

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Refer to

[Gov – Conflict of Interest](#)