APPENDIX THREE

Conflict of interest form¹⁷

Disclosure of possible conflict of interest

Name:	Date of Disclosure:
•	nterest that may result in a conflict. I understand a conflict of interest to be a situation wher omise, or may be seen to compromise my responsibilities to act fairly and impartially when
Type of personal interes	st:
Whānau/Relationship	Please provide details:
Financial	
Professional	
Other	
Please answer the following q	ruestions:
1. Do you think it is possible above may lead to an unfainappropriate access to inf	air outcome and/or
2. Have you already seen or locally be considered private	had access to information that te or sensitive?
I will update this disclosure if	my interests change, or if there is a relevant change in circumstances.
	on related to the case or circumstance that this actual, potential or perceived conflict relate ny manager or my organisation's Board or governance group.
Signed:	Date:

¹⁷ Use of this sample form is not compulsory. Organisations may choose to use their own conflict of interest form.

Management Plan

Assessment of the interest disclosed

Does a conflict exist? Actual Potential Perceived No Conflict

Comments

Actions taken:

Restricting Involvement How this conflict will be managed:

Reallocating Responsibility

Removing the conflict

Relinquishing the work

Please answer the following questions:

1. Has a privacy breach occurred?

Note if the answer is Yes, privacy breach procedures must be followed.

2. Does the Court or Ministry of Justice need to be informed?

The Ministry of Justice requires that you document the steps you have taken, and will take, to mitigate any identified conflict of interest as it relates to services that the Ministry funds.

Management plan completed by:	Date:
Agreed to by the person with a conflict:	Date:
Review by Organisation's governance group (if applicable)	Date: