Melbourne Archdiocese
Catholic Schools

Conflict of Interest Disclosure and Management Form

MARYMEDE CATHOLIC COLLEGE
In the way of Mary

This form is to be used by all MACS Staff when disclosing and managing conflicts of interest.

Declaration

To be completed by staff member.

Step 1. Please record your Personal Details	
First name	
Family name	
Email	
Position	
School Name	

Step 2. Do you have any Conflicts of Interest to Declare?	
☐	**No, I have no conflicts of interest.** *(If you tick this box, go straight to Step 5.)*
☐	**Yes, I may have a conflict of interest.** *(If you tick this box, go to Step 2a.)*

Step 2a. Which category applies most closely to your Conflict of Interest?	
☐	**Actual Conflict of Interest**
☐	**Potential Conflict of Interest**
☐	**Perceived Conflict of Interest**
☐	**I am unsure**

Step 3. Please provide the details of this Conflict of Interest	
☐	**My Conflict of Interest relates to a personal or family relationship.** *(e.g., A family member or close friend works at my school, or I am hiring a relative in a new position at my school.)*
☐	**My Conflict of Interest relates to my financial involvement in a business that deals with the school.** (*e.g., My family owns a company providing services or supplies to the school.*)
☐	**My Conflict of Interest relates to a role in an external organisation that may influence school decisions.** (*e.g., I am on the board of another educational institution or vendor.*)

☐	**I have another Conflict of Interest not listed.** (*Please provide details below*)

Step 4. How will the identified Conflict of Interest be managed?

☐	**I will remove myself from decisions relating to conduct and performance management/ salary/ selection & recruitment pertaining to the identified Conflict of Interest.**
☐	**I will consult with another staff member before making a decision relating to my Conflict of Interest.**
☐	**I will be using another management strategy.**

Step 5. Declaration & Agreement

- I understand my responsibility to act in the best interests of my school.
- I will update this declaration if my circumstances change.
- I agree to follow MACS policies to manage any conflicts of interest.
- I undertake to meet regularly with my Principal or Senior Manager (School Leadership) to review and manage this Conflict of Interest.

Signature		**Date**	

Management Plan

To be completed by the Principal or Senior Manager (School Leadership) when a Conflict of Interest has been Identified.

Step 1. Are the Conflict of Interest details in the above Declaration accurate?	
☐	**Yes, the details in the above Declaration are accurate.**
☐	**No, the details in the above Declaration are not accurate/ require amending.** *(Please provide details below.)*

Step 2. What Strategies will be used to manage the Conflict of Interest?

Step 3. Please detail your role in managing your staff member's Conflict of Interest

Step 4. How often will this Management Plan be reviewed?

(Please tick one box)

☐	**Every 1 Month**
☐	**Every 3 Months**
☐	**Every 6 Months**
☐	**Other** *(Please provide details below.)*

Step 5. Declaration & Agreement

- I undertake to adhere to the Conflict-of-Interest Management Plan and to monitor the individual's adherence to that plan to ensure the conflict of interest is managed effectively.
- I undertake to review the Management Plan in line with the review timeline to monitor the ongoing effectiveness and requirement for the management plan.

Signature		**Date**	

Management Plan Review

Management Plan Review #1			
(Please tick one box)			
☐	**The identified Conflict of Interest is being managed.**		
☐	**The Management Plan requires adjustment.**		
☐	**A New Management Plan is required.**		
Signature		**Date**	

Management Plan Review #2			
(Please tick one box)			
☐	**The identified Conflict of Interest is being managed.**		
☐	**The Management Plan requires adjustment.**		
☐	**A New Management Plan is required.**		
Signature		**Date**	

Management Plan Review #3			
(Please tick one box)			
☐	**The identified Conflict of Interest is being managed.**		
☐	**The Management Plan requires adjustment.**		
☐	**A New Management Plan is required.**		
Signature		**Date**	

Management Plan Review #4			
(Please tick one box)			
☐	**The identified Conflict of Interest is being managed.**		
☐	**The Management Plan requires adjustment.**		
☐	**A New Management Plan is required.**		
Signature		**Date**	