

CONFLICT OF INTEREST DISCLOSURE STATEMENT

This form is to be completed by any Responsible Person who has a real or perceived conflict of interest or a potential conflict of interest in undertaking their duties. A copy of the completed and signed form is to be retained by the General Manager.

I, *(Insert full name)* _____ of *(Insert address)*

hereby declare I have no conflicts of interest to declare or a conflict of interest considered to be:

Nil **Conflict** Real Potential Perceived

Please provide a brief outline of the nature of the conflict if applicable (details may be included privately in a separate confidential envelope if appropriate).

Please detail the arrangements proposed to resolve/manage the conflict if noted above (attach separately if appropriate).

I, *(insert full name)*..... hereby agree to:

- update this disclosure throughout the period of my tenure as a Responsible Person on an annual basis or until such time as the conflict ceases to exist, or at such a time a conflict arises;
- comply with any conditions or restrictions imposed by the School to manage, mitigate or eliminate any actual, potential or perceived conflict of interest and/or commitment.

Signed:

Date:

REVIEW BY CHAIR OF BOARD

I, *(insert full name)* have reviewed the conflict of interest disclosure (and plan) and have taken the following action in relation to this matter:

Signature

Date.....

CHECKLIST TO HELP IDENTIFY CONFLICTS OF INTEREST

In assessing whether you have a conflict of interest it may be helpful to ask the following questions. The test when assessing the situation is to ask: “Could this conflict with my duties at the School?” If you answer YES to any of the questions below, you may have an **actual**, reasonably **perceived** or **potential** conflict of interest. (Source: ICAC¹)

- Would I or anyone associated with me benefit from or be detrimentally affected by my proposed decision or action?
- Could there be benefits for me that could cast doubt on my objectivity?
- Do I have a current or previous personal, professional or financial relationship or association of any significance with an interested party?
- Would my reputation or that of a relative, friend or associate stand to be enhanced or damaged because of the proposed decision or action?
- Do I or a relative, friend or associate of theirs stand to gain or lose financially in some covert or unexpected way?
- Do I hold any personal or professional views or biases that may lead others to reasonably conclude that I am not an appropriate person to deal with the matter?
- Have I contributed in a private capacity in any way to the matter my Department/the School is dealing with?
- Have I made any promises or commitments in relation to the matter?
- Have I received a benefit or hospitality from someone who stands to gain or lose from my proposed decision or action?
- Am I a member of an association, club or professional organisation or do I have particular ties and affiliations with organisations or individuals who stand to gain or lose by my proposed decision or action?
- Could this situation have an influence on any future employment opportunities outside my current School duties?
- Could there be any other benefits or factors that could cast doubts on my objectivity?

¹ ICAC Toolkit, *Managing Conflicts of Interest in the Public Sector*, 2004.

If the answer to any of these questions is yes or if you still have any doubts about your proposed decision or action, you should seek direction from the School's Business Manager or Head.

BS"D



Yeshiva College Cheder Chabad

ABN 14 129 848 595

36 Flood Street (PO Box 18) Bondi NSW 2026, Australia

reception@yeshivacollege.nsw.edu.au +614 1168 6770

Executive Director: Rabbi Doctor Dovid Slavin