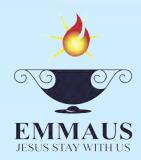


Conflict of Interest Disclosure and Management Form



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.	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.)				

1	have another Conflict of Interest not listed. (Please pro	ovide details i	below)
Step 4. Ho	w will the identified Conflict of Interest be managed?		
n	will remove myself from decisions relating to conduct nanagement/ salary/ selection & recruitment pertaining f Interest.	t and perforn g to the iden	nance tified Conflict
	will consult with another staff member before making conflict of Interest.	a decision r	elating to my
1	will be using another management strategy.		
L			
Step 5. De	claration & Agreement		
• I under	stand my responsibility to act in the best interests of my so	chool.	
-	date this declaration if my circumstances change.		
· ·	to follow MACS policies to manage any conflicts of interest		alamahin) ta
	take to meet regularly with my Principal or Senior Manage and manage this Conflict of Interest.	i (ochool lea	idersnip) to
Signature		Date	
			l

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. Ple	ase detail your role in managing your staff member's	Conflict of Ir	iterest
Step 4. Ho	v often will this Management Plan be reviewed?		
(Please tick	one box)		
E	very 1 Month		
E	very 3 Months		
E	very 6 Months		
C	ther (Please provide details below.)		
	laration & 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.				
1					
	A New Management Plan is required.				
	A New Management Flam is required.				
Signature		Date			
Managem	ent Plan Review #2				
(Please tid	k one box)				
	The identified Conflict of Interest is being managed.				
	The Management Plan requires adjustment.				
1					
	A.N. 48				
	A New Management Plan is required.				
Signature	1	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.			
Signatur	е	Date		
Manager	nent Plan Review #4			
	ck one box)			
	The identified Conflict of Interest is being managed.			
	The Management Plan requires adjustment.			
1				
	A New Management Plan is required.			
Signatur	е	Date		