CONFLICT OF INTEREST DECLARATION FORM

Please complete this form if you believe that you may be involved in a conflict of interest situation or if you are unsure and seek to disclose a potential or perceived conflict of interest. Please read the Mercy Education Policy - 1.08 Conflict of Interest and complete the relevant sections and the declaration in Section 4 of this form.

SECTION 1: PERSONAL DETAILS	
NAME:	Click here to enter text.
ROLE / AREA OF RESPONSIBILITY/POSITION:	Click here to enter text.
PHONE: Click here to enter text.	EMAIL: Click here to enter text.

SECTION 2: DISCLOSURE DETAILS

The actual, potential or perceived conflict of interest relates to: *(tick all appropriate box/s)*

☐ Relationship with family or friends   ☐ Staff recruitment

☐ Outside work activities (paid/unpaid)   ☐ Relationship with external parties

☐ Financial interest   ☐ Disposal of school assets

☐ Gifts/benefits   ☐ Provision of external consultancy services

☐ Provision of private tutoring   ☐ Other (if you selected other please provide details)

☐ Procurement of goods and services

The following actual, potential or perceived conflict of interest has been identified. (*please insert all relevant details*)

Click here to enter text.

The (actual, potential or perceived) conflict is expected to last: *(tick appropriate box)*

☐ 0–12 months   ☐ >12 months or ongoing

SECTION 3: TO BE COMPLETED BY THE MMC TRUSTEE DIRECTOR/ MEL BOARD CHAIR / CHIEF EXECUTIVE / PRINCIPAL/ LEADER

In my opinion the details provided: *(tick appropriate box)*

☐ do not constitute a conflict of interest, and I authorise the individual to continue the activity (go to Section 4)

☐ do constitute an actual, potential or perceived conflict of interest (please provide a detailed action plan below)

If the situation does constitute a conflict of interest, please ensure that the following actions have been considered:

- ensure all information surrounding the conflict has been disclosed and documented
- inform likely affected persons of the conflict, seeking their views where relevant as to whether they object
- reformulate the scope of work or restrict access to certain information
- recruit a third party to oversee part or all of the process of managing the conflict
- recommend to relinquish the interest that is causing the conflict
- temporarily remove the individual from the process or responsibilities
- monitor the individual's activities closely in relation to the conflict of interest
- take no further action because the conflict is minimal

I have reviewed the above considerations and request that the Individual takes the following action to eliminate/manage the conflict:

Click here to enter text.

I will ensure this action plan is reviewed:

☐ Within 1 month	☐ Within 3 months	☐ Within 6 months
☐ Within 12 months	☐ Other – specify	☐ N/A: the conflict is one-off or short duration

SECTION 4: INDIVIDUAL'S DECLARATION

To the best of my knowledge and belief any actual, perceived or potential conflicts between my duties as a Board Director/non-Director Committee Member/Company Secretary/CAC member/employee and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the Mercy Education Policy - 1.08 Conflict of Interest.

☐ I acknowledge and agree to comply with any approach identified in this form for removing or managing an actual, perceived or potential conflict of interest.

☐ I am unaware of any actual, perceived or potential conflicts between my duties as a Trustee Director/Board Director/non-Director Committee Member/Company Secretary/CAC member/employee and my private and/or business interests

DATE:

SIGNATURE:

SECTION 5: TRUSTEE DIRECTOR / BOARD CHAIR / CHIEF EXECUTIVE / PRINCIPAL/ LEADER STATEMENT
The actions described in the approach outlined in Section 3 have been put in place to effectively manage any actual, potential or perceived conflict of interest disclosed in Section 2. The approach outlined in Section 3 ensures that the public interests and reputation of Mercy Education Ltd are adequately protected. NAME: Click here to enter text. SIGNATURE: DATE: