

CONFLICT OF INTEREST DECLARATION FORM

Name of Organization: _____

Agreement/Contract Number: _____

Name of Contact Person: _____

Position: _____

Contact details: _____

DECLARATION

Please declare any actual or perceived conflict of interest (COI) that may arise as part of your engagement with the Department of Labour Skills and Immigration (LSI).

A conflict of interest occurs when the duties or responsibilities of an organization are or potentially could be compromised as a result of their personal or private interests. Conflict of interest may take many different forms that include but are not limited to the following circumstances: financial interests, nepotism, personal relationships and vendor bias. Declaring a conflict of interest (COI) does not automatically disqualify you from being eligible for funding. However, if you do not mitigate a conflict of interest, you may become ineligible for funding.

Does your organization or any of its board members, executives, or staff have any actual or perceived conflict of interest with this agreement or its associated activities?

☐ No

There is no actual or perceived conflict of interest in relation to this agreement/contract. We commit to performing our duties with the highest degree of objectivity and integrity, in full compliance with the Department of Labour Skills and Immigration's Conflict of Interest Policy.

☐ Yes

There is a conflict of interest (Select the type of conflict of interest):

☐ **Actual:** This is an existing conflict of interest.

☐ **Perceived:** This is a conflict of interest that might be reasonably perceived by others as compromising a person's objectivity.

Describe the details linked with the conflict:

I declare that what has been provided is true and no details have been omitted for real or perceived benefit. I also understand my role as the _____ (*Position Title*) of _____ (*Organization Name*), and I make this declaration in good faith.

Print Name (*person declaring the conflict of interest*):

Signature:

Date:

REVIEW OF CONFLICT OF INTEREST DECLARATION

This section should be completed by the organization's senior leadership or the employer, depending on who is declaring the conflict.

Check the declaration has been completed and signed. Where a conflict of interest has been declared state how the conflict of interest will be managed:

Conflict of interest management plan:

- ☐ Remove the staff/member from the situation.
- ☐ Impose a restriction on the staff/member.
- ☐ Engage an independent adjudicator.
- ☐ Staff/Member relinquishes the business interest that causes the conflict of interest.
- ☐ Staff/Member resigns from the position that causes the conflict of interest.

Provide details:

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Person reviewing the Declaration and proposing the management plan:

Name and title:	
Signature:	
Date:	

Person approving the management plan:

Name and title:	
Signature:	
Date:	

Consent of person making the Declaration:

Signature:	
Date:	

LSI USE ONLY

Received by (Program Area/Agreement Manager): _____

Date Received: _____

Decision by Program Area:

☐ Conflict Accepted with Mitigation

☐ Conflict Requires Further Action

☐ No Conflict Identified

Additional Notes:

Signature:

Date: