



# CHANGING LIVES

## CARRINGTON RIDING CENTRE



### 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 Carrington Riding Centre Conflict of Interest Policy.

#### SECTION 1: PERSONAL DETAILS

NAME:

JOB TITLE / AREA OF RESPONSIBILITY:

PHONE:  EMAIL:

#### SECTION 2: DISCLOSURE DETAILS

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

- |  |   |
|--|---|
| <input type="checkbox"/> Relationship with family or friends   | <input type="checkbox"/> Staff recruitment                                    |
| <input type="checkbox"/> Outside work activities (paid/unpaid) | <input type="checkbox"/> Relationship with external parties                   |
| <input type="checkbox"/> Financial interest                    | <input type="checkbox"/> Disposal of school assets                            |
| <input type="checkbox"/> Gifts/benefits                        | <input type="checkbox"/> Provision of external consultancy services           |
| <input type="checkbox"/> Provision of private tutoring         | <input type="checkbox"/> Other (if you selected other please provide details) |
| <input type="checkbox"/> 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 PRINCIPAL / EMPLOYER

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

do not constitute a conflict of interest, and I authorise the employee 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 restricting access to certain information
- recruit a third party to oversee part or all of the process
- recommend to relinquish the interest that is causing the conflict
- temporarily remove the person from the process or responsibilities
- monitor the person'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 Employee 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: EMPLOYEE'S DECLARATION

To the best of my knowledge and belief any actual, perceived or potential conflicts between my duties as an employee and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the Carrington Riding Centre Conflict of Interest Policy.

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.

SIGNATURE:

DATE:

**SECTION 5: EMPLOYER**

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 Carrington Riding Centre's public interests and reputation is adequately protected.

NAME: [Click here to enter text.](#)

SIGNATURE:

DATE: