



Conflict of Interest / Other Employment Management Plan

THIS FORM MUST BE LODGED WITH YOUR MINISTER (THROUGH YOUR CHIEF OF STAFF)

Personal Details	
Name:	
Ministerial Office	
Date of Declaration:	
Conflict of interest or other employment details	
Details of personal interest or other employment	<p><i>This form is to be used where personal interests of a staff member has the potential to conflict with the staff member's official duties.</i></p> <p><i>The following detail should be provided in relation to other employment:</i></p> <ul style="list-style-type: none"> • Name and location of employer • Duration of employment • Proposed hours of work • Duties to be undertaken
How does the personal interest or other employment have the potential to conflict with the staff member's public duties?	<i>This should be a short statement about how the personal interest/other employment could conflict with the staff member's responsibilities</i>
Management Actions to respond to the conflict	<i>Outline management actions required to address any conflict of interest</i>
Integrity Commissioner Consulted?	<i>Yes / No</i>
Staff member's certification	
I declare that the above details are correct to the best of my knowledge.	
_____	_____/_____/_____
Signature	Date
Chief of Staff certification (not required for a Chief of Staff Conflict of Interest/Other Employment Management Plan)	
I certify receipt of the Conflict of Interest/Other Employment Management Plan	
_____	_____/_____/_____
Signature	Date
Minister's certification	
I certify receipt of the Conflict of Interest/Other Employment Management Plan	
_____	_____/_____/_____
Minister	Signature Date