Conflict of Interest Declaration Form

This form must be completed by all relevant persons of Gen Institute, including governing persons, trainers, assessors, administrative staff, managers, contractors and third-party service providers. This form must be completed on commencement, when requested by Gen Institute and whenever circumstances change.

Full name: _____

Position / role: _____

Department/organisation: _____

Date of Declaration: _____

Declaration

Please select one option:

☐ I declare that I do not currently have any actual, potential or perceived conflict of interest relevant to my duties at Gen Institute.

☐ I declare that I currently have an actual, potential or perceived conflict of interest relevant to my duties at Gen Institute.

If you selected the second option, provide brief details below:

Nature of conflict: _____

Type of conflict:

☐ Actual
☐ Potential
☐ Perceived

Relevant person, organisation or entity involved:

Declaration

I declare that the information provided in this form is true and correct to the best of my knowledge. I understand that I must promptly notify Gen Institute if an actual, potential or perceived conflict of interest arises or changes after this declaration.

Name: _____

Signature: _____

Date: _____

Management review

Complete only if a conflict is declared.

Reviewed by: _____

Position: _____

Outcome:

☐ No further action required
☐ Record in conflict of interest register and monitor
☐ Management action required

Comments / action to be taken:

Signature: _____

Date: _____