

Conflict of Interest – Disclosure Statement Form



PERSONAL DETAILS	
Name:	Position:
School/Directorate:	Contact:
DISCLOSURE <i>(please use a separate form for each disclosure. additional pages may be added)</i>	
Describe the conflict of interest: <i>(staff member to complete)</i>	
Describe the management response: <i>(manager to complete)</i>	
EMPLOYEE'S SIGNATURE	
I certify the above details are correct and undertake to advise the University of any changes to this information.	
Print Name:	Date:
Signature:	
MANAGER'S SIGNATURE	
I certify the above details are correct and undertake to review annually the disclosed interest and advise the relevant senior officer of any changes to this information.	
Print Name:	Date:
Signature:	
RELEVANT SENIOR OFFICER	
I approve the management response.	
Print Name:	Date:
Signature:	

Note: For disclosures relating to personal relationships, the name and your relationship to them, e.g. mother, partner etc, must be included.
 Completed forms are to be returned to: Governance Directorate, Building 2, Rockhampton North campus or governance@cqu.edu.au.
 CQUniversity collects, stores and uses personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.
 For further information consult the University's [Information Privacy Policy and Procedure](#).