



Conflicts of Interest (“COI”) Declaration Form

Instructions for Declarant:

- 1 Consider the checklist in the Annexure to help you identify if you potentially have an interest to declare.
- 2 Complete Section 1 and if applicable, Sections 2 and 3. If you do not have a conflict, please move directly to Section 4, then submit your form to the Responsible Officer to complete Section 3 (if required);
- 3 Once signed by the Responsible Officer, the Responsible Officer will file the completed form into the Conflicts of Interest Register using this naming convention: *Conflict of Interest Declaration Form - < Relevant Team/Area of VDCC> - <Month/Year>*. Update the footer.

For confidentiality reasons, do not include persons' names in the file name. Restrict access as required, but grant the Executive Committee full access to the Register, on a need to know basis.

Remember to:

Complete a new form for new/emerging Conflicts of Interests or change in circumstances.

ANNEXURE – CHECKLIST

Instruction: Review the list of questions below to help you consider whether you have declared correctly. If you declared 'yes' to one or more of the below statements, you are required to declare your actual, perceived or potential Conflict of Interest.

Checklist to assist with identifying a Conflict of Interest	Yes	No
1. Would I or anyone associated with me benefit from or be detrimentally affected by my proposed decision or action?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do I, or anyone associated with me, have an interest in property of any kind, including money the value of which may be altered by a decision I am involved in making?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do I, or anyone associated with me, have an interest in property of any kind, including money, the value of which may be altered by the use of confidential information obtained in the discharge of my official duties?	<input type="checkbox"/>	<input type="checkbox"/>
4. Could there be benefits for me in the future that could cast doubt on my objectivity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do I have a current or previous personal, professional or financial relationship or association of any significance with an interested party?	<input type="checkbox"/>	<input type="checkbox"/>
6. Would my reputation or that of a relative, friend or associate stand to be enhanced or damaged because of the proposed decision or action?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do I or a relative, friend or associate of theirs stand to gain or lose financially in some covert or unexpected way?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do I hold any personal or professional views or biases that may lead others to reasonably conclude that I am not an appropriate person to deal with the matter?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have I contributed in a private capacity in any way to a matter that VDCC is dealing with?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have I made any promises or commitments in relation to the matter?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have I, or anyone associated with me, sought or received a benefit or hospitality from someone who stands to gain or lose from my proposed decision or action?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have I, or anyone associated with me, sought or received a benefit or hospitality which may influence my decision-making?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have I, or anyone associated with me, worked for or sought employment with a body that VDCC is dealing with, giving rise to an actual, potential or perceived Conflict of Interest?	<input type="checkbox"/>	<input type="checkbox"/>
14. Am I a member of an association, club or professional organisation or do I have particular ties and affiliations with organisations or individuals who stand to gain or lose by my proposed decision or action?	<input type="checkbox"/>	<input type="checkbox"/>
15. Could this situation have an influence on any future employment opportunities outside my current official duties?	<input type="checkbox"/>	<input type="checkbox"/>
16. Could there be any other benefits or factors that could cast doubts on my objectivity?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do I still have any doubts about my proposed decision or action?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 1 – DECLARATION

Instruction: Please complete the entire form by marking sections that are not applicable.

Full Name			
Position			
Date			
My declaration relates to/is required for a:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Confidentiality: I acknowledge and will abide by the requirement for all information relevant to the above to be treated as confidential.</i>			
<i>If no, my declaration relates to:</i>			
I have reviewed my personal interests and circumstances and can confirm that <i>(please check the appropriate box)</i> :			
<input type="checkbox"/>	I do not have any interests to declare but undertake to advise VDCC of any Conflicts of Interest which may arise in the future.		
<input type="checkbox"/>	I have interests to declare.		

SECTION 2 – DETAILS OF DECLARED INTEREST

Instruction: If you have declared an interest above, please provide further details below.

The Conflict of Interest relates to:			
1. An investment or financial interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Sponsorship of a community initiative/development	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Outside VDCC activities (paid/unpaid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Conflict of duty, e.g. membership of another organisation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Relationship with member, coach, manager, player and/or external parties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Other (please specify details):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Conflict of Interest Category	<input type="checkbox"/> Actual <input type="checkbox"/> Potential <input type="checkbox"/> Perceived	<input type="checkbox"/> Pecuniary <input type="checkbox"/> Non-pecuniary	
Instruction: Please provide a detailed summary of the interest/s identified. Please number the declared interests numerically, to coincide with the numeric identification of conflicts within the Conflict Management Plan in Section 3.			
Does the declared conflict of interest require a conflict management plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 3 – CONFLICT MANAGEMENT PLAN

Instruction: Complete this section with the proposed action to be taken to resolve or manage the declared Conflicts of Interest. Complete in consultation with your Leader.

No.	Details of Conflict Management Steps	By Whom	By When

SECTION 4 – APPROVALS & SIGNATURES

Instruction: All forms must be signed by all parties below, to be compliant with the Conflicts of Interest Procedure.

I declare that to the best of my knowledge, the information in this form is true and correct. Any actions described in Section 3 are being actioned to effectively manage any actual, perceived or potential conflicts of interest. I undertake to comply with this Plan, to ensure VDCC's reputation and the public interest is adequately protected. I undertake to make further declarations should a change in my circumstances warrant a declaration.

Declarant's Name:		Position:	
Signature:		Date:	
Witness Name:		Position:	
Signature:		Date:	

The actions in this Plan have been discussed with the declarant and are appropriate in managing or resolving the disclosed Conflict of Interest. I undertake to manage and monitor the declarant's compliance with the Plan.

I have reviewed this Plan and will ensure that this Form is entered into the Conflicts of Interest Register to record the conflict(s) of interest and management plan.

Responsible Officer:	Signature:	Date:
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