

# Conflict of Interest Procedure

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## MOUNT ROLAND RIVER CARE CATCHMENT INC. CONFLICT OF INTEREST PROCEDURE

<b>Related Policy</b>	Conflict of Interest Policy
<b>Responsible Officer</b>	Public Officer
<b>Approved By</b>	President
<b>Approved and Commenced</b>	20/07/2020
<b>Review by</b>	20/07/2021
<b>Version</b>	Ver. 1.0
<b>Author</b>	Robert Van Der Weide
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<b>Relevant Legislation</b>	Public Interests Disclosure Act 2002 (Tasmania)

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## 1 Preamble

The purpose of this *Conflict of Interest Procedure* is to provide instructions, tools and templates to facilitate the implementation of the *Conflict of Interest Policy*.

## 2 Scope

This *Conflict of Interest Procedure* applies to:

- 1 All Mount Roland Rivercare Catchment Inc members and their immediate families.
- 2 Any Business or Company contracted to supply either goods or services which is owned by or associated with any Mount Roland Rivercare Catchment Inc. member.
- 3 External consultants or independent contractors tendering to supply either goods or services to Mount Roland Rivercare Catchment Inc.

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## 3 Conflict of Interest Procedure

### Step 1: Conflict of Interest Identified

- If the situation arises where you think you might have a Conflict of Interest, assess the conflict using *'Appendix A – Checklist to help identify a Conflict of Interest form'*.
- Once the form has been completed and if you have answered **YES** to any of the questions contained in the form, you **may** have an actual, reasonably perceived or potential conflict of interest.
- You must now complete *'Appendix B – Conflict of Interest Declaration Form'* and send the completed form to the Mount Roland Rivercare Catchment Inc. Public Officer or President for oversight and approval.
- If you have any doubt as to whether or not you have a conflict of interest, you must also complete the *'Appendix B – Conflict of Interest Declaration Form'* and send the completed form to the Mount Roland Rivercare Catchment Inc. Public Officer or President for review and assessment.

**NOTE:** *Disclosure is only considered to have occurred when it has been provided in writing to the Public Officer or President using 'Appendix B – Conflict of Interest Declaration Form'. The fact that a matter may be known by others, or is considered to be public knowledge, is no substitution for written disclosure.*

*All disclosures, whether made as an oral inquiry or a written disclosure, will be treated with the utmost respect and strict confidentiality.*

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**Step 2: Conflict of Interest Assessment by Mount Roland Rivercare Catchment Inc. Public Officer or President.**

- All completed forms received by the Public Officer or President should be closely examined to assess if a conflict exists and if a conflict of interest Action Plan is required to be implemented. The Public Officer or President after assessing the received form must:
  - a) Record the decision in the '*Conflict of Interest Declaration Form*' and complete Section 2 and 4 of the form as appropriate.
  - b) Communicate their decision to the discloser.
  - c) Record details of the Conflict of Interest and agreed action plan if one exists in the Mount Roland Rivercare Catchment Inc. Conflict of Interest Register as per *Appendix C*.
- The Mount Roland Rivercare Catchment Inc. Conflict of Interest Register does not have to be completed where the Public Officer or President determines a Conflict of Interest does not exist.
- It is the responsibility of the Public Officer or President in receipt of the disclosure to identify and where necessary, determine a Conflict of Interest management strategy and action plan. The action plan is to be created in consultation with the discloser.

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**Step 3:        Recoding details of the Conflict of Interest in the ‘Conflict of Interest Register’.**

- It is the responsibility of the Public Officer or President in receipt of the disclosure to ensure all details of the reported Conflict of Interest and agreed conflict management action plan are recorded in the Mount Roland Rivercare Catchment Inc. Conflict of Interest Register in accordance with ‘*Appendix C: Conflict of Interest Register Template*’.

**Step 4:        Implementation and continuous assessment of appropriateness of conflict management plan.**

- It is the responsibility of the discloser to act in accordance with the agreed action plan, including, where necessary, performing a periodic review of the action plan and providing additional disclosure if circumstances surrounding the conflict of interest change.
- In the event where the current action plan is no longer suitable to effectively manage the conflict, the action plan will be revised and resubmitted by the Public Officer or President.

#### **4.        Versioning**

<b>VERSION</b>	<b>DETAILS and APPROVAL DATE</b>
Version 1	Conflict of Interest Procedure – approved 20/07/2020

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### **APPENDIX A: Checklist to help identify a Conflict of Interest.**

The purpose of the tool is to provide a checklist that you can work through when you are faced with a situation in which you think you might have an actual, perceived or potential conflict of interest. This form is for your own personal use, but if after completing the form you have any doubts as to whether or not you have a conflict of interest, you should complete a 'Conflict of Interest Declaration Form' (Appendix B).

If you answer **YES** to any questions below, you may have an actual, reasonably perceived or potential conflict of interest.

Do I stand to gain any financial benefit from my proposed decision or action? Yes/No

Would a relative, friend or business associate stand to gain financially from my proposed decision or action? Yes/No

Do I have a current or previous personal, professional or financial relationship or association of any significance with an interested party? Yes/No

Would I or anyone associated with me benefit from or be detrimentally affected by my proposed decision or action? Yes/No

Would my reputation, or that of a relative, friend or associate stand to be enhanced or damaged because of my proposed decision or action? Yes/No

Have I received a benefit or hospitality from someone who stands to gain or lose from my proposed decision or action? Yes/No

Have I made any promises or commitments in relation to forwarding my proposed decision or action? Yes/No

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### **APPENDIX B: Disclosure of Conflict of Interest Form**

The purpose of this form is to facilitate the disclosure and management of conflicts of interest in accordance with the *Conflicts of Interest Policy*. This form is designed to be used by Mount Roland Rivercare Catchment Inc. Members and associates to disclose actual, perceived or potential conflict of interest situations which may exist. If it is decided that a conflict of interest action plan must be implemented it is to be done so in consultation with the discloser. It is the responsibility of the discloser to act in accordance with the agreed action plan, including, where necessary, performing a periodic review of the action plan and providing additional disclosure if circumstances surrounding the conflict of interest change.

If you are unsure as to whether you have a conflict of interest, direction should be sought from Public Officer or President.

#### **Section 1: To be completed by the person disclosing the conflict of interest.**

<b>First Name</b>	
<b>Surname</b>	
<b>Member/Committee</b> <b>Member/Executive</b> <b>Member/Family</b> <b>Member/Associate</b>	

#### **Conflict of Interest disclosure. Please supply details.**

<b>Date conflict identified</b>			
<b>Date conflict reported</b>			
<b>The conflict is characterised by the following: (tick appropriate box/s)</b>			
<b>Financial Benefit</b>	<input type="checkbox"/>	<b>Relationship with associate</b>	<input type="checkbox"/>
<b>Relationship with family member</b>	<input type="checkbox"/>	<b>Relationship with business associate</b>	<input type="checkbox"/>
<b>Conflict with full time employment</b>	<input type="checkbox"/>	<b>Other (please details)</b>	<input type="checkbox"/>

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**Section 2: To be completed by Public Officer or President**

<b>Assessment of conflict:</b>
<p><input type="checkbox"/> <b>DOES NOT</b> constitute a conflict of interest and I authorise the discloser to continue the proposed decision or action. (if ticked, go to Section 3)</p> <p><input type="checkbox"/> <b>DOES</b> constitute an actual, potential or perceived conflict of interest. (if ticked, provide a detailed action plan below)</p>

It is the responsibility of the Public Officer or President in receipt of the disclosure to identify, and where necessary, create an action plan to manage the discloser's conflict. The action plan should be created in consultation with the discloser.

<b>Management Action Plan:</b>	
<p>I have reviewed guidance material and requested the discloser undertakes the following action to eliminate/manage the conflict of interest</p>	
<p>I will ensure that this action plan is Reviewed:</p>	<p><input type="checkbox"/> N/A as the conflict is of short duration</p> <p><input type="checkbox"/> Within 3 months</p> <p><input type="checkbox"/> Within 6 months</p> <p><input type="checkbox"/> Within 12 months</p> <p><input type="checkbox"/> Other (please specify)</p>



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### Section 3: Disclosers declaration.

To the best of my knowledge and belief, any actual, perceived or potential conflict has been fully disclosed in this form in accordance with the requirements of the Conflict of Interest Policy. I acknowledge, and agree to comply with, any approach identified in this form for removing any actual, perceived or potential conflict of interest.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_

### Section 4: Public Officer or President declaration.

The actions described in the approach outlined in Section 2 have been put in place to effectively manage any actual, perceived or potential conflict of interest disclosed in Section 2.

The approach in Section 2 ensures that the Mount Roland Rivercare Catchment Inc.'s interests and reputation is adequately protected.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name: \_\_\_\_\_  
Position: Public Officer / President