

DECLARATION OF PRIVATE INTERESTS

Notes on completing this form

1. Complete the form as accurately and comprehensively as possible.
2. With the exception of the 'Declaration and Consent' section, which has to be signed and witnessed, this form is designed to be completed on screen. However, if completing by hand all answers **MUST** be in block capitals.
3. Provide an answer for each question. Do not leave any questions blank.
4. If all or part of the requested information is not provided this failure may impact on your application.
5. When you provide us with information about other individuals, we rely on you to make them aware that such information will or may be provided to us as part of the application process.
6. A public sector employee includes employees of a Victorian: Government Department, Statutory Body, Instrumentality, Government Board, Local Government as well as employees of: an institution of higher education – academic staff members and other Victorian Government bodies.
7. The Department treats all personal information provided by an individual in support of an appointment application in accordance with the *Information Privacy Act 2000* (Vic) and the *Public Records Act 1973* (Vic). The personal information you provide in this form is required for application processing and assessment purposes, including submission to Cabinet. It may be shared with other public sector organisations. Should you wish to gain access to your personal information held by the Department please contact the Department's Privacy Officer at Department for Health or the Department of Human Services, 50 Lonsdale Street, Melbourne, 3000, Victoria.
8. Conflicts of Interest. Conflicts of interests can be actual, potential or perceived, and should be declared to ensure that any risks are managed. Detailed guidance can be found on the State Services Authority website in its Conflict of Interest Policy Framework – www.ssa.vic.gov.au and in its eLearning guide on Conflicts of Interest.
9. Findings of Guilt (Qn B6). A "finding of guilt" includes convictions, fines associated with criminal charges, good behaviour bonds, undertakings and community based orders, even where no conviction was recorded. It does not include a conviction under any prescribed spent convictions scheme.

DECLARANT DETAILS

Surname:

First name:

Middle names:

Position applied for/position held:

Date (dd/mm/yy):

Are you a public sector employee?^{See Note 6} YES NO

If YES:

- Is your position considered an executive role? YES NO

- Is your position part-time or full-time

- Will this appointment be part of your employment as a public sector employee? YES NO

- If the appointment is to be undertaken **outside** of your duties as a public sector employee, has your employer indicated acceptance of these arrangement and confirmed that there is no apparent conflict between the appointment and other duties? YES NO

SECTION A – PRIVATE INTERESTS

A1	Other significant sources of income	
Do you have income from any sources other than your main source of employment income relating to: <ul style="list-style-type: none"> • contracts; • offices held in return for payment or other reward; or • a trade, vocation or profession engaged in by you? 		If YES , please provide details below.
YES <input type="checkbox"/> NO <input type="checkbox"/>		

A2	Office holder	
Do you hold office in any public or private: <ul style="list-style-type: none"> • company? • trustee company? • incorporated association? • other entity? 		If YES , provide the name of the organisation and title of the office you hold below?
YES <input type="checkbox"/> NO <input type="checkbox"/>		

A3	Shareholdings and other business interests	
Do you or does a member of your family have any shareholdings, investments or other business? <i>This includes a company, partnership, association or other entity, as well as nominee shareholders on behalf of the agency in government companies.</i>		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES, please provide ONLY details of the name, nature of operations and the nature of the interest of all such holdings of which you are aware, <u>which could reasonably raise an expectation of conflict of interest, or a material interference with your public duties.</u>		
NOTE: Where the State determines that there is any material conflict, an appointment may not proceed or your appointment may be suspended whilst the particular interest remains.		

A4	Trusts
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Are you:

- a beneficiary of any trust? If so, who is the trustee?;
- the trustee of any trust?; or
- the director of a trustee company in which a member of your family is a beneficiary?

YES NO

If **YES**, please provide **ONLY** the name and nature of the operations of the trust(s) of which you are aware, which could reasonably raise an expectation of conflict of interest, or a material interference with your public duties.

A5 Real Estate

Do you or a member of your family own any real estate (including your primary residence)?

YES NO

If **YES**, please provide **ONLY** the details of the location and purpose of any real estate owned (eg, principal place of residence, investment property etc), which could reasonably raise an expectation of conflict of interest, or a material interference with your public duties.

A6 Contracts and agreements

Have you or a family member entered any contract, agreement or understanding that gives rise to:

- an obligation; or
- an expectation of reward, eg an agreement about future employment once your appointment term is completed

YES NO

If **YES**, please provide **ONLY** the details, which could reasonably raise an expectation of conflict of interest or a material interference with your public duties.

A7 Other financial interests

Do you or a member of your family have any other significant financial or other interests that:

- have been held;
- are currently held; or
- will accrue

of which you are aware, which could reasonably raise an expectation of a conflict of interest or material interference with your public duties.

Examples of a significant financial or other

If **YES**, please provide details below.

interest include: <ul style="list-style-type: none"> • being a principal or key employee of a material professional adviser supplying services; and/or • interests in contracts, trusts or other business arrangements not already covered in this declaration. 	
YES <input type="checkbox"/> NO <input type="checkbox"/>	

A8 Other interests	
Are there any other arrangements or circumstances not already covered to declare which could constitute a conflict of interest?	If YES , please provide details below.
YES <input type="checkbox"/> NO <input type="checkbox"/>	

SECTION B - PROBITY

B1 Bankruptcy	
Have you been declared bankrupt or been the subject of any order under the Bankruptcy Act 1966 (Cth)?	If YES , please provide details below.
YES <input type="checkbox"/> NO <input type="checkbox"/>	

B2 Insolvency	
Have you been a director or executive officer of a corporation which became insolvent whilst you were a director or executive officer?	If YES , please provide details below.
YES <input type="checkbox"/> NO <input type="checkbox"/>	

B3 Banned or Disqualified as a director	
Have you ever been disqualified from acting as a director or acting in the management of an incorporated association?	If YES , please provide details below.
YES <input type="checkbox"/> NO <input type="checkbox"/>	

B4 Legal contraventions	
Have you ever: <ul style="list-style-type: none"> • contravened any civil penalty provision under the Corporations Act 2001 (Cth) or any of its predecessors; • contravened the Associations Incorporation Act 1981 (Vic) or any equivalent in another 	If YES , please provide details below.

jurisdictions; or • been found guilty of any offence in relation to corporate or regulatory matters?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	

B5	Civil or criminal proceedings
<p>Are you currently a party in any capacity in either criminal or civil proceedings before a:</p> <ul style="list-style-type: none"> • court; • tribunal; or • other adjudication body, including a professional / registration / licensing body <p>which could reasonably raise an expectation of a material interference with your public duties?</p> <p>Do you expect to become a party to any such proceedings in the next year?</p>	<p>If YES, please provide details below.</p>
<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

B6	Findings of guilt
<p>Has there ever been a finding of guilt against you for a criminal offence (except a conviction that is spent under any prescribed spent convictions scheme)?</p>	<p>If YES, please provide details below.</p>
<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

B7	Enquiry or investigation
<p>To the best of your knowledge and belief, have you been, or are you currently, the subject of any inquiry or investigation, including those by:</p> <ul style="list-style-type: none"> • a department or agency of the Commonwealth; and/or • a department or agency of a State or Territory of Australia; and/or • a professional association; and/or • a regulatory agency; and/or • your current or a previous employer; and/or • a consumer protection organisation? 	<p>If YES, please provide details below.</p>
<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

DECLARATION AND CONSENT

- I declare that to the best of my knowledge, the information I have provided in this form is true and correct.
- I declare that where I have indicated I am a public sector employee: my public sector duties do not reasonably raise the prospect of a conflict of interest with my public duties and; my manager is aware and supportive of my application/ongoing appointment.
- I undertake to advise the board chairperson or their nominee in writing if an actual, potential or perceived conflict arises in the future and to stand down in any decision-making process in which I may be compromised.
- If there is any change to the information provided in this form I undertake to advise the board chairperson or their nominee of any alterations or additions to my declaration as soon as practicable.

I consent to the Department for Health / Department of Humans Services (delete accordingly) collecting and using this information in this form on a confidential basis.

Signature of declarant: **Witness:**

Title: **Title:**

Date: **Date:**