

GIPPSLAND WOMEN'S HEALTH
CONFLICT OF INTEREST DISCLOSURE FORM

To be completed by Board members, individuals applying for Board positions and other Key Management Personnel on appointment and annually and by any employee if a potential and/or perceived Conflict of Interest is raised.

| | |
|----------------------------------|---|
| Name: | |
| Position (at GWH): | |
| Nominating for Board membership: | <input type="checkbox"/> Casual vacancy <input type="checkbox"/> General Election |

Describe the private interests that have the potential to impact on your ability to carry out, or be seen to carry out, your official duties impartially.
(Please describe your private interests and/or associations)

Declaration

I declare that the above details of my private interests are correct to the best of my knowledge and am aware of my responsibilities to take reasonable steps to avoid any real or apparent conflict of interest in connection with my GWH role. I will advise the Board Chair or CEO any relevant changes in my personal circumstances.

Signature:

Date:

OFFICE USE ONLY

Action by Board Chair/CEO:

The conflict of interest has been identified as: (Please select one of the following)

- Pecuniary interest
- Non-pecuniary interest
- An apparent conflict of interest
- A potential conflict of interest
- A real conflict of interest

Describe the action proposed to mitigate the real or perceived conflict which has been disclosed and the reasons for the decisions:

The above action has been discussed and is appropriate to resolve the real or apparent conflict of interest disclosed above:

Name of Board/Chair:

Position:

Signature of Board Chair/CEO:

Date: