**Conflict of Interest**

**<School Name> Review**

**<Dates of review>**

Dear **<Panellist Full Name>**,

**Re: Conflicts of Interest – Disclosure Form**

The aim of conducting a review with a panel is to have an independent group with expertise in the discipline areas of the School being reviewed.

There should be no conflict of interest which might prevent a panel member from participating in the process with full impartiality.

In preparation for the Review of <insert School Name>, you are asked to disclose any actual, potential or perceived conflicts of interest and complete this form.

Areas of conflict to declare include:

1. a person who is a former Australian National University employee;
2. a person who is an Alumni of the Australian National University;
3. a person who has (or recently had) significant involvement in the School’s research activities, including a co-investigator as part of a grant award, co-author of a publication(s) with a member of the School’s faculty and/or co-supervisor with a member of the School’s faculty;
4. a person who has prior visitation to the School;
5. either a direct or indirect personal gain, or the potential for personal gain, which may be financial or non-financial interests, from this School review;
6. a person who has (or recently had) a relationship with a staff member of the School, including a spouse (including de facto partner), a relative, another person financially dependent on the person, a close friend, or any person with who there is or has been an intimate or close relationship;
7. any other actual, potential or perceived conflict which might prevent the person from participating in the review with full impartiality.

Kind Regards

Deputy-Vice Chancellor Academic

Professor Marnie Hughes-Warrington

Enc.

**In Confidence (When Completed)**

**Conflict of Interest – Disclosure Form**

**Title and Full Name:**

**Institution/ Organisation**

**Describe the actual, potential or perceived conflicts of interest that have an actual or potential impact on your ability to carry out, or be seen to carry out, your panel member role impartially to the School Review of <insert School Name>**

**The conflicts of interest are identified as: (please select the following and disclose nature of conflict)**

1. a person who is a former Australian National University employee;
2. a person who is an Alumni of the Australian National University;
3. a person who has (or recently had) significant involvement in the School’s research activities, including a co-investigator as part of a grant award, co-author of a publication(s) with a member of the School’s faculty and/ or co-supervisor with a member of the School’s faculty;
4. a person who has prior visitation to the School;
5. either a direct or indirect personal gain, or the potential for personal gain, which may be financial or non-financial interests from this School review;
6. a person who has (or recently had) a relationship with a staff member of the School, including a spouse (including de facto partner), a relative, another person financially dependent on the person, a close friend, or any person with who there is or has been an intimate or close relationship;
7. any other actual, potential or perceived conflict which might prevent the person from participating in the review with full impartiality.

**Panel Member Declaration**

I declare that the above details of my personal and professional interests are correct to the best of my knowledge and I am aware of my responsibilities to take reasonable steps to avoid any actual, potential or perceived conflict of interest in connection with my role as panel member for the School, and to advise the Deputy Vice-Chancellor (Academic) as soon as practicable of any relevant changes in circumstances.

**Signature:**

**Date:**

**Action by Director of Planning and Performance Measurement**

Describe the action proposed to mitigate any actual, potential or perceived conflicts which have been disclosed and the reasons for the decisions:

The above action has been discussed with the panel member and is appropriate to resolve the actual, potential or perceived conflict of interest disclosed above.

Signature of Director:

Date:

This form is kept as an official University record and stored on the University’s Electronic Records Management System (ERMS).