External Reviewers of The Australian National University’s programs must complete the ANU External Reviewer’s Conflict of Interest Disclosure Form to ensure any actual, perceived, or potential conflicts are identified prior to the appointment of the Reviewer.

Note: Following completion of this form any identified conflicts must be sent by the Academic College to programsandcourses@anu.edu.au for the Chair of the Academic Quality and Assurance Committee to decide if the appointment of the Reviewer can proceed.

|  |  |
| --- | --- |
| Full Name of Reviewer: |  |
| Title/ Position: |  |
| Current Workplace (if applicable): |  |
| Program(s) to review: |  |
| Date of review: |  |

The ANU follows the ‘factors relating to independence’ in para 10 of the *Independent Experts engaged by providers* document published by our regulator, TEQSA. <https://www.teqsa.gov.au/latest-news/publications/independent-experts-engaged-providers>.

1. Have you had an employment relationship with ANU within the last three years (other than in the course of engagement as an independent expert)?

Yes [ ]  No [ ]

If yes, please specify.

1. Have you had a business relationship or other material contractual relationship with ANU within the last three years (other than in the course of engagement as an independent expert)?

Yes [ ]  No [ ]

If yes, please specify.

1. Are you sufficiently impartial and disconnected from ANU operations such that you could, if necessary, recommend that management be held to account?

Yes [ ]  No [ ]

If yes, please specify.

1. Do you have a material personal interest (i.e. stand to gain, benefit or suffer a loss) in the outcome of this review?

Yes [ ]  No [ ]

If yes, please specify.

1. Do you have an interest, position, association or relationship that might influence, or reasonably be perceived to influence, your capacity to exercise independent judgement in this review?

Yes [ ]  No [ ]

If yes, please specify.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (electronic signature is acceptable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date