

DOI Form 1: Interest Disclosure Form (General Disclosure & Conflict)

Note: Prior to completing this form, please read the DOI Policy and Procedure

In-Confidence	
(When completed	ť

1. University Representative's Given name/s:

2.	University Representative's Surname:
3.	Position(s):
4.	Business Unit/Service Division/School/College:
5.	Supervisor's Name:
NB	: If you have no clearly defined supervisor, your primary contact at the ANU is to be used.
6.	Describe the interests that you currently maintain and wish to disclose.
you	iflict or has the potential to impact on your ability to carry out, or be seen to carry out, your official duties associated with Ir role(s) at the University in a manner that is impartial and in the public interest.

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7.	Describe the roles/duties you are required/expected to perform as part of your role(s) at the ANU.
8.	Has/will the interest being disclosed in this form require any alteration in the roles or duties that you are
0.	required to perform as part of your employment at the ANU?
	Yes No
9	If the response to Q8 was 'Yes', please provide additional details.

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The interest has been identified as:

General Disclosure of Interest

10. A general disclosure where no conflict or serious risk is involved, solely to ensure ANU has appropriate visibility over the interest.

OR

Disclosure of a Conflict of Interest (Please select all that apply - definitions provided in DOI Procedure)

- 11. Pecuniary interest (Financial)
- 12. Non-pecuniary interest (Non-Financial)
- 13. An actual conflict of interest
- 14. A perceived conflict of interest
- 15. A potential conflict of interest
- 16. Other (Specify)

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ocun	nents for Managing I	nterests		
17.	Has an Interest Risk As	ssessment been undertak	en?	
	Vac	No		
	Yes	No		
18.	If not, why not?			
19.	Is an Interest Manager Interest? (regardless of	ment Plan required to n whether a conflict exists	nitigate any existing or poter at present)	itial risks associated with the
	Yes	No	Not Required	
20.	If not, why not?			
21.	Has an Interest Manage	ement Plan been comple	ted?	
	Yes	No	Not Required	
NΡ	· If the response to OR	was 'Vos' an intorost n	nanagement plan must be co	ompleted
.40	are response to wo	100 , 411 111(6) 63(11	anagement plan must be co	ompiecea.

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University Representative 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 employment and to advise my supervisor (or other relevant person) of any relevant changes in my personal circumstances.
Name of University Representative
Signature of University Representative:
Date:
Supervisor Declaration The above interest and associated documentation has been discussed and where necessary, developed with the disclosing University Representative and the action taken is appropriate to mitigate the risks posed by the interest (regardless of whether a conflict exists or not).
Name of Supervisor
Signature of Supervisor
Date
When finalised, this form is to be forwarded to disclosure@anu.edu.au for retention on the University's Central Interest Register, which is maintained by the Corporate Governance and Risk Office (CGRO).