



Conflict of Interest Form

Declaration Report for Sponsors

Section A: To be completed by Sponsor - Conflict of interest management plan

Sponsor details

Sponsor name:			
Full name:			
Position title:			
Contact number:			
Email address:			
Client's name:			
Client's Date of Birth:	/ /	Client's CRN:	

Type of conflict of interest identified - state the specific personal interest identified

eg spouse, current employee, neighbour, relative...

Management plan for sponsor's conflict of interest

This management plan will ensure conflict risks are managed and resolved in favour of the public interest rather than that of the sponsor and will be based on the following mitigation strategies:

Restrict:	restrictions are placed on the sponsor's involvement in the matter
Recruit:	an independent third party is used to oversee part or all of the process that deals with the matter
Remove:	the sponsor removes themselves, or is removed, from the matter.
Relinquish or resign:	the sponsor relinquishes the private interest that is creating the conflict. Where relinquishing the interest is not possible (e.g. relationship with family) and the conflict cannot be managed in the public interest using one of the other options above, the sponsor may consider resigning.

Please provide a plan as to how you will manage or minimise this conflict of interest:

eg Activity to be executed under the guidance of another team member.

The Sponsor and FER will ensure this management plan is reviewed

<input type="checkbox"/> Within 1 – 6 months	<input type="checkbox"/> Within 6 – 12 months
<input type="checkbox"/> Other (specify):	

Sponsor declaration

I declare that to best of my knowledge, the information in this form is true and correct. Any actions described in Section A of the form have been put in place to effectively manage any actual, perceived or potential conflict of interest. I undertake to adhere to any conflict of interest risk management plan set out in Section A to ensure that the Department's reputation and the public interest is adequately protected.

I undertake to make further declaration should a change in my circumstances give rise to an expectation of a conflict of interest.

Signature of sponsor:		Date:	/ /
Name: (please print)			

Section B: To be completed by Fines Enforcement Registry (FER)

FER declaration

I undertake to adhere to any conflict of interest risk management plan set out in Section A, and to monitor my sponsor's adherence to the management plan, which is in place to ensure that the Department's reputation and the public interest is adequately protected.

Manager's additional comments if necessary:

Signature of Manager:		Date:	/ /
Name: (please print)			