

## ATTACHMENT 7 - CONFLICT OF INTEREST ASSESSMENT GUIDE AND RECORD

This form is from the *WA Health Managing Conflict of Interest Policy (OD 0264/10)*. It should be used when 'yes' has been answered to one or more of questions two to eight in Attachment 5 of the *WA Health Staff Air Travel Policy*.

### How to use this form:

Employee to complete the following sections:

- Step 1: Description of the Issue
- Step 2: Description of the public duty
- Step 3: Consideration of whether a conflict of interest situation exists
- Step 4: Identification of the conflict of interest
- Step 5: Identification of the type of conflict of interest
- Step 6: Proposed strategy for resolving or management the conflict situation

Direct Supervisor to indicate acknowledgement at:

- Step 7: Acknowledgement

Head of Department/Division to indicate endorsement at:

- Step 8: Endorsement

Executive to acknowledge and approve proposed strategy at:

- Step 9: Acknowledgement and Approval

.....  
**Step 1: Describe the nature of the matter or issue that is the subject of the possible conflict of interest:**

---

---

---

**Step 2: Describe the public duty in question (eg involvement in tender process):**

---

---

---

**Step 3: Determine if a conflict of interest situation exists:**

*(Consider all the questions on the checklist below to ensure all relevant factors and risks have been taken into account. A 'yes' answer to any of the questions would indicate that a conflict exists and should be reported)*

**Private Interest:**

Do I have any significant ties, obligations, financial relationships and/or affiliations with organisations, clubs, groups or individuals who stand to gain or lose from this matter?	Yes	No
Do I, or anyone associated with me, have a private business (or secondary employment) interest in this matter?	Yes	No
Do I have significant family or other relationships with clients, contractors or other people involved in the matter?	Yes	No
Does the matter relate to financial (pecuniary) interest as defined in legislation and regulations?	Yes	No
If there is a private interest, is it sufficiently influential or motivating so that it may lead to a conflict of interest?	Yes	No
Do I have doubts about my ability to act impartially in the public interest (ie to absolutely ensure that any private considerations do not affect my decisions/actions)?	Yes	No

**Potential Benefits:**

Could I, or anyone associated with me, benefit now or in the future from my actions or decisions in relation to the matter?	Yes	No
Could I, or anyone associated with me, be detrimentally affected now or in the future by my actions or decisions in relation to this matter?	Yes	No
Have I received a benefit, gift, donation or hospitality (eg meals, drinks, tickets, etc) from someone who stands to gain or lose from a decision or action in relation to this matter?	Yes	No
Am I, or anyone associated with me (eg a relative, friend or associate) likely to gain or lose financially if the matter is resolved a certain way?	Yes	No
Could the matter have an influence on my future employment opportunities?	Yes	No

**Perceptions:**

Would it appear to a neutral or disinterested observer that my private interests were in conflict with my public duty?	Yes	No
Could a neutral or disinterested observer reasonably believe my private interests had influenced me?	Yes	No
Do I hold any private or professional views and biases that may lead others to conclude that I am not an appropriate person to deal with this?	Yes	No

Are there perception risks for WA Health or myself if I remain involved?	Yes	No
Would I think it was wrong or improper if I saw someone else doing this?	Yes	No

**Proportionality:**

If I am not involved, is there a better way to ensure impartiality, fairness and to protect the public interest?	Yes	No
Is my involvement illegal?	Yes	No
Is my involvement contrary to WA Health's Code of Conduct and the WA Public Sector Code of Ethics?	Yes	No
Do I need to seek advice from someone who knows about these things or who is an objective party?	Yes	No

**Public Scrutiny Test:**

Is the matter one of significant public interest? Is it controversial and likely to attract significant public attention?	Yes	No
Would I be unhappy if my known private connection or association was made? Would I feel ashamed if my private interest was exposed on the evening news or the front page of a newspaper?	Yes	No
Would I find it hard to defend and justify my actions and/or involvement if questioned publicly?	Yes	No
Could my involvement result in negative consequences for others, WA Health or myself?	Yes	No

**Promises and Obligations:**

Have I made any promises or commitments, been involved in or contributed privately to the matter?	Yes	No
Do I have a current or previous relationship with interested parties that would place me under an obligation?	Yes	No
Do I have affiliations past or present (eg political, union, profession, religious) past or present that could place me under an obligation?	Yes	No

**Step 4:** The identified conflict of interest is:

<input type="checkbox"/>	An <b>actual</b> conflict	<input type="checkbox"/>	A <b>perceived</b> conflict	<input type="checkbox"/>	A <b>potential</b> conflict
--------------------------	---------------------------	--------------------------	-----------------------------	--------------------------	-----------------------------

**Step 5:** The type of conflict is:

<input type="checkbox"/>	An <b>financial</b> conflict	<input type="checkbox"/>	A <b>partiality</b> conflict	<input type="checkbox"/>	A <b>role</b> conflict
--------------------------	------------------------------	--------------------------	------------------------------	--------------------------	------------------------

**Step 6:** Outline the proposed strategy for resolving or managing the conflict of interest and provide an explanation why this strategy was chosen

(Refer to Attachment 8 in this Policy for Strategies for Management of identified Conflict of Interest)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

.....

**Step 7:**  
Acknowledged by (name): \_\_\_\_\_  
Position: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

.....

**Step 8:**  
Endorsed by (name): \_\_\_\_\_  
Position: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

.....

**Step 9:**  
Approved by (name): \_\_\_\_\_  
Position: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Reference Number: \_\_\_\_\_