

Conflict of Interest Policy. – Disclosure Form.

Personal Details: -

Surname:	
Given name/s:	
Position or Role.	
Committee or mission team.	
Describe the private interests or association that have the potential to create or appear to perceive a “Conflict of Interest”	
Describe the expected role or decision / agreement you are required to perform that is involved in the “Conflict of Interest”.	
If you are not personally involved in the “Conflict of Interest”; who is and what is your relationship with them.	

Type of “Conflict of Interest”: -

Non-Financial interest.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial interest.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An apparent conflict of interest.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A potential conflict of interest.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A real conflict of interest.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration: -

I declare that the above details of my private interests are correct to the best of my knowledge and I am aware of my responsibilities to take reasonable steps to avoid any real or apparent conflict of interest in connection with my duties and responsibilities with Andrews Farm Community Church and to advise the Pastor of any relevant changes in my personal circumstances in regard to this “Conflict of Interest”.

Signature: _____ *Date:* _____

Office use only: -

Form: Conflict of Interest – Disclosure Form.

Composed _____ Dec 2018. Review due _____ Dec 2019 Reviewed _____

By: _____ R. Smith By: _____ By: _____