



Board Member	<input type="checkbox"/>
Iwi Health Board	<input type="checkbox"/>
Committee Member	<input type="checkbox"/>
Staff Member	<input type="checkbox"/>
New	<input type="checkbox"/>
Revised	<input type="checkbox"/>
<i>(please tick)</i>	

DECLARATION OF INTEREST

Name: _____

A conflict of interest may arise when your duties or responsibilities to NMH could be affected by some other interest or duty that you, or close relative, or entity you are associated with may have. These may be actual or perceived conflicts of interest.

Conflicts of interests may arise through a family or close personal relationship, secondary employment, membership of a trust or committee, an arrangement, agreement, contract, function, duty or power etc.

I declare the following interests:

No.	Description of Interest:	Interest Relates to: (name of division, patient, client, person, provider, committee, contract, community group etc.)	As from: (date)	Value: (only if applicable)
1				
2				
3				

(continue on reverse of form if required)

Potential Conflicts

I do not foresee any future conflicts
OR

I declare the following conflicts likely to arise:

Signature: _____

Date: _____

For completion by Head of Department & General Manager

I am aware of the declaration of interest(s) as listed above.

Head of Department Name and Signature

Date

General Manager Name and Signature

Date

For completion by General Manager People & Capability

I have assessed the seriousness of the declared interest and consulted with the employee as required. The following measures have been put in place to mitigate the risk of a conflict of interest:

(e.g. no action, additional oversight, withdrawal from voting on or discussing an item of business, exclusion from certain duties, reassigning tasks, agreement or direction not to do something, restrictions on information, relinquishing the private interest, resignation etc.)

- Interests Register Updated
- Employee’s Manager & General Manager informed of mitigation
- Employee informed of decision

General Manager People & Capability Name and Signature

Date