

Conflict of Interest and Confidentiality Agreement

Name:	
Position:	
Organisation:	
Tender:	
Role in the procurement activity:	
Instructions:	Complete this form and return by email to [email address] by [date] with your excel pre-score sheet. Printed copies will be available for signing at the start of the Assessment Panel.

Do you have any actual, potential or perceived conflicts of interest?

Do you have any personal interest in the purchasing decision?
(e.g. you own shares in a supplier or related company)

Yes No Potentially (tick 'potentially' if others could perceive you have a conflict)

Are you a relative or close friend of someone with a personal interest in the goods or services being purchased or who could be personally affected by the purchasing decision?
(e.g. a family member is an employee or shareholder of a supplier)

Yes No Potentially (tick 'potentially' if others could perceive you have a conflict)

Do you have any personal obligations, loyalties or bias that could influence the way you evaluate offers and recommend purchases?
(e.g. a close friendship with an employee of a supplier)

Yes No Potentially (tick 'potentially' if others could perceive you have a conflict)

Have you recently been offered any special discounts, gifts, trips, hospitality, rewards or favours by suppliers of the goods or services being purchased?
(e.g. free travel; free samples for your own use)

Yes No Potentially (tick 'potentially' if others could perceive you have a conflict)

Are you aware of anything that could give the appearance that you might be biased towards or against a particular supplier?
(e.g. you have expressed strong views about a supplier; you worked for a supplier; you use a supplier's corporate box at a sports event)

Yes No Potentially (tick 'potentially' if others could perceive you have a conflict)

Confidentiality responsibilities

All of the procurement project's discussions, meetings and material (written and electronic) are confidential and I agree to keep this information safe. I will not give this information to anyone outside the immediate tender team without prior approval from the Project Manager.

Restrictions on contact with suppliers

I agree that my contact with potential suppliers is restricted during the period of the tender. I understand that until the successful supplier has been announced I will not:

- pass information or make comments to them about the tender
- receive any gift, gratuity, hospitality or any inducement from them
- meet them or have any discussion about the tender.

I will pass any requests for information and meetings from potential suppliers to the Panel Chair.

Declaration of conflict of interest

<p>Actual conflict of interest is where you already have a conflict.</p> <p>Potential conflict of interest is where the conflict is about to happen or could happen.</p> <p>Perceived conflict of interest is where other people might reasonably think you are not being objective.</p>	<p>If you have answered 'Yes' or 'Potentially' to any of the above questions, please provide details below. Otherwise sign the declaration below.</p>
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Your declaration

Declaration – I confirm that the above details are correct to the best of my knowledge and I make this declaration in good faith.		
Signature:		Date:
Review by Panel Chair – I confirm that I have received this declaration and noted the contents. Where a conflict of interest is declared, complete the next part of the form.		
Name:		
Signature:		Date:

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Conflict of Interest Management Plan

Tender:	Proposals for Regional and National Services to Prevent and Minimise Gambling Harm (GETS ref: 39726)
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How the conflict of interest will be managed

<p>There are five options for managing or resolving your conflict of interest:</p> <p>Restrict your involvement in the process</p> <p>Recruit an independent third party to oversee part or all of the process</p> <p>Remove yourself from the process</p> <p>Relinquish your private interest that causes the conflict</p> <p>Resign from the agency</p>	<p>Steps:</p> <ol style="list-style-type: none"> 1. For completeness, continue to review and pre-score the proposal 2. One of the five available options may be applied. 3. Depending on the nature of the conflict of interest, the likely action may be to restrict a panel members involvement or for the removal process. 4. The Conflict of Interest will be addressed as the first action point when the Assessment Panel is convened. <p>Note:</p> <p>The above takes into account the conflict's likely effect on your role and responsibilities in the procurement activity, as well as the risks to the process and the agency's reputation.</p>
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Approval – I approve the above Conflict of Interest Management Plan

Signature: Panel Chair:		Date:
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Declaration – I agree to the above Conflict of Interest Management Plan

Signature: Person making the declaration		Date:
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Resolved – the conflict of interest has now been resolved and no further action is required

Signature: Panel Chair		Date:
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