



Conflict Of Interest Register

Name of person declaring conflict of interest:	_____
Department / Facility:	_____
Signature:	_____ Date: ____ / ____ / ____

Organisation or individual involved:	_____
Brief description of conflict of interest:	_____ _____ _____

Name of person to whom conflict was declared:	_____
Position:	_____ Phone: _____
Action taken/comments:	_____ _____ _____
Signature:	_____ Date: ____ / ____ / ____

For office use:

 Date Received by Audit

Please fill out above form and return via fax (8838 2147) or mail to Internal Audit,
Building 83, Cumberland East Campus

If further information is required contact Internal Audit on 8838 6487