

## CONFLICT OF INTEREST REGISTER AND STATEMENT

All stakeholders to the service are required to disclose or declare conflicts of interest, not perceived. A *Conflict of Interest Disclosure Statement* must be completed by each member of the Management Committee / Staff member upon his or her appointment and annually thereafter. If the information in this statement changes during the year, the member shall disclose the change to the Approved Provider/ and revise the disclosure statement accordingly. The nature and extent of the conflict of interest and any steps taken to address it will be recorded in this *Conflict of Interest Register*, including actual, potential or perceived conflicts of interests. A conflict of interest may be financial or non-financial. The best way to approach summarising your conflicts is to look at your personal values and whether any of these would conflict with your professional duties and values.

SERVICE NAME	Snowy Mountains Care & Early Learning Centre	SERVICE ADDRESS	15 Bent Street, Jindabyne NSW 2627
SERVICE PHONE NUMBER	02 6456 2569	SERVICE EMAIL	admin@smcelc.com.au

CONFLICT OF INTEREST REGISTER						
DATE INTEREST DISCLOSED	NAME OF STAKEHOLDER	ROLE	DETAILS OF CONFLICT OF INTEREST	TYPE OF CONFLICT OF INTEREST (actual, potential, perceived)	DATE REVIEWED BY APPROVED PROVIDER	DESCRIPTION OF STEPS TAKEN TO ADDRESS CONFLICT OF INTEREST

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**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

**PERSONAL DETAILS**

NAME		CONTACT NUMBER	
ADDRESS			
EMAIL		D.O.B	/ /

Please describe any relationships, transactions, positions you may hold (outside of the service) or other circumstances that you believe could contribute to a conflict of interest, either actual, potential or perceived

I have no conflict of interest to report

I have the following conflict of interests to report

TYPE OF CONFLICT OF INTEREST (actual, potential, perceived)	
DETAILS OF CONFLICT OF INTEREST	
DESCRIPTION OF STEPS TO BE TAKEN TO ADDRESS THE CONFLICT OF INTEREST	

STAKEHOLDER NAME		DATE	
POSITION		SIGNATURE	

SERVICE REPRESENTATIVE NAME		DATE	
POSITION		SIGNATURE	