Conflict of interest declaration

Definition

A conflict of interest occurs when a staff member, either in the office or field or an organisation with whom we conduct business, has an opportunity to put what will benefit them ahead of the interests of the participants we are supporting.

These conflicts may be:

- actual – it happened or is happening
- potential – it might happen
- perceived – it seems like, has or might happen.

Own interests can include those of a person's family, friends, employer or other organisations they are involved with.

A conflict of interest could be financial, business or personal. This includes any financial or corporate interest, cultural, religious or social relationships.

Participant, provider and employee details

Participant details

Full name	
Date of birth (DD/MM/YYYY)	
NDIS number	
Residential address	
Contact phone number	
Contact email	

Provider details

Organisation name	
ABN	
Address	
Contact phone number	
Contact email	

Employee details

Full name	
Relationship to participant	
Job title or position	
Contact phone number	
Contact email	

Identification of the conflict of interest

Date Identified	

1. The conflict of interest has been identified as:

Please tick all that apply.

- ☐ an actual conflict of interest – it happened or is happening
- ☐ a perceived conflict of interest – it might happen
- ☐ a potential conflict of interest – it seems like it has or might happen.

2. Indicate if the conflicted relationship relates to:

Please tick all that apply.

- ☐ an employee
- ☐ a provider or organisation
- ☐ a business owner.

3. What is the nature of the conflict of interest?

Please tick all that apply.

- ☐ Financial. For example, receiving a secondary gain, financial incentive or gift
- ☐ Business. For example, there are multiple supports and services provided from the same or connected business or organisation
- ☐ Personal. For example, a friend or family member benefits from the arrangement.

4. Describe the conflict of interest, including who is involved and the circumstances.

- ▪

5. Discuss and describe the participant's concerns using their own words.

- ▪

6. Can the conflict be avoided?

- ☐ Yes.
- ☐ Yes. After fully considering the available options, the participant has made an informed choice to receive support from a specified provider.
- ☐ No. Limited service options are available in regional, rural and remote areas.
- ☐ No. Services require specific cultural and religious choices and practices.
- ☐ No. Highly specialised services have few accredited providers that operate nationally.

HWH Management Plan

7. Describe the risk(s) or impacts associated with the conflict.

- ▪

8. List the alternative options that were explored and offered to the participant.

- ▪

9. Indicate the management strategy and actions to be taken by HomeWise Health.

- ☐ Monitor. Implement close supervision.
- ☐ Monitor. No further action is required.
- ☐ Implement. An independent third-party contact or review.
- ☐ Restrict. Limit conflicted person's involvement in delivering supports and services.
- ☐ Remove. Conflicted person to be removed from delivering supports and services to participant named in section A.

Provide any further details on the management strategy.

- ▪

10. The conflict has been discussed with:

Select all that apply.

- ☐ The participant
- ☐ authorised representative or decision supporter
- ☐ employee
- ☐ other, please state

Acknowledgement and Declaration

This form needs to be signed by the relevant parties to acknowledge the information contained is true and correct. This may be the:

- participant
- authorised representative
- nominee
- guardian
- employee
- provider operations manager or director.

Participant or authorised person

I acknowledge the following:

☐ The details discussed and provided on this conflict of interest declaration form are correct to the best of my knowledge.

☐ I understand the conflict of interest, the associated risks, and the management strategy in this declaration form.

☐ I have been provided with options to raise my concerns if the circumstances set out in this declaration change.

☐ I understand that personal information collected, managed and disclosed on this form will comply with HomeWise Health's privacy policy requirements.

Participant name	
Signature	
Date (DD/MM/YYYY)	
Authorised representative name	
Signature	
Date (DD/MM/YYYY)	

Employee and their Manager or Director

I declare the following:

I have provided the participant mentioned earlier or the authorised representative with:

☐ a copy of this declaration form

☐ any additional management plans

☐ the organisation's conflict of interest policy and procedures.

☐ the details provided are correct to the best of my knowledge, and I declare this conflict of interest in good faith.

☐ I understand that if the circumstances set out in this declaration change, I must complete a new declaration setting out the circumstances.

I acknowledge that this conflict of interest declaration and management plan will be reviewed:

☐ within 6 months

☐ within 12 months

I understand that personal information collected, managed and disclosed on this form will comply with HomeWise Health's privacy policy requirements.

The NDIS Code of Conduct promotes safe and ethical service delivery by setting out expectations for the conduct of both NDIS providers and workers. If you don't abide by the obligations to disclose and manage conflicts of interest, this may constitute a breach of the Code of Conduct which may result in a report to the NDIS Quality and Safeguards Commission or National Disability Insurance Agency for non-compliant behaviour.

Employee name	
Signature	
Date (DD/MM/YYYY)	
Manager or Director name	
Signature	
Date (DD/MM/YYYY)	