

## Conflict of Interest Disclosure Form

<b>Full Name:</b>	
<b>Position / s:</b> (ie Board Member, Officer, Volunteer, Contractor etc)	<b>PHCC:</b> <b>Other (Business / Agency):</b>
<b>Date of Disclosure:</b>	
<b>Description of Conflict of Interest being disclosed:</b>	
<b>Is this an actual or potential Interest?</b>	
<b>Additional information / comment:</b>	
<b>Timeframe Conflict of Interest is likely to continue</b>	
<b>Details of any action taken to remove conflict (Declarer to complete):</b>	
I declare that all information and details provided in this form are true and correct to the best of my knowledge and belief, and that no known relevant information has been omitted.	
<b>Signed:</b>	<b>Date:</b>
<b>CEO Signature:</b>	<b>Date:</b>
<b>Comment:</b>	
<b>Further action required: Yes <input type="checkbox"/></b>	<b>No <input type="checkbox"/></b>
<b>Comment:</b>	
<b>Disclosure recorded in the Conflict of Interest Register?</b>	<b>Yes <input type="checkbox"/></b> <b>No <input type="checkbox"/></b>

To be completed in conjunction with the PHCC Conflict of Interest Policy