



## Volunteer Conflict of Interest Form

This form is to be completed by all current or prospective volunteers annually. Please print, sign and send to [admin@dsansw.org.au](mailto:admin@dsansw.org.au).

Please note a checklist to help identify conflicts of interest is provided overleaf.

I, (Insert full name) \_\_\_\_\_

of (Insert address) \_\_\_\_\_

\_\_\_\_\_

hereby declare I have no conflicts of interest to declare or a conflict of interest considered to be:

- |  |   |
|--|---|
| <input type="checkbox"/> Nil Conflict  | <input type="checkbox"/> Potential Conflict |
| <input type="checkbox"/> Real Conflict | <input type="checkbox"/> Perceived Conflict |

**Please provide a brief outline of the nature of the conflict if applicable (details may be included privately in a separate confidential envelope if appropriate).**

**Please detail the arrangements proposed to resolve/manage the conflict if noted above (attach separately if appropriate).**

I, (insert full name) hereby agree to:

- update this disclosure throughout the period of my tenure as a Volunteer on an annual basis or until such time as the conflict ceases to exist, or at such a time a conflict arises;
- comply with any conditions or restrictions imposed by Down Syndrome NSW to manage, mitigate or eliminate any actual, potential or perceived conflict of interest and/or commitment.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



**Checklist to help identify conflicts of interest:**

In assessing whether you have a conflict of interest it may be helpful to ask the following questions. The test when assessing the situation is to ask: "Could this conflict with my role/duties at Down Syndrome NSW?" If you answer YES to any of the questions below, you may have an actual, reasonably perceived or potential conflict of interest.

- Would I or anyone associated with me benefit from or be detrimentally affected by my role as volunteer?
- Could there be benefits for me that could cast doubt on my objectivity?
- Do I have a current or previous personal, professional or financial relationship or association of any significance with an interested party?
- Would my reputation or that of a relative, friend or associate stand to be enhanced or damaged because of my involvement with Down Syndrome NSW?
- Do I or a relative, friend or associate of theirs stand to gain or lose financially in some covert or unexpected way by my involvement with Down Syndrome NSW?
- Do I hold any personal or professional views or biases that may lead others to reasonably conclude that I am not an appropriate person to become a volunteer?
- Have I received a benefit or hospitality from someone who stands to gain or lose from my role as a volunteer?
- Am I a member of an association, club or professional organisation or do I have particular ties and affiliations with organisations or individuals who stand to gain or lose by my role as volunteer?

If you still have any doubts, you should seek direction from Down Syndrome NSW, by contacting [admin@dsansw.org.au](mailto:admin@dsansw.org.au).