

**LIVEfree Project  
Conflict of Interest Declaration Form**

**Employee Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**1. Purpose**

This form helps ensure that employees disclose any potential conflicts of interest that might affect their role at LIVEfree Project.

**2. Declaration**

Please check **Yes** or **No** for the following questions:

**Do you or any immediate family member have financial interests in companies that do business with LIVEfree Project?**

Yes  No

**Do you or any immediate family member hold any position (e.g., employment, advisory, board) with an organisation that could conflict with your role at LIVEfree Project?**

Yes  No

**Have you received gifts or benefits from organisations doing business with LIVEfree Project?**

Yes  No

*Do you have any other interests or activities that could create a conflict with your role at LIVEfree Project?*

Yes  No

**3. Identified Conflicts of Interests:** If you answered Yes to any of the above, please provide details of the conflict of interest.

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**4. Mitigation of Identified Conflicts of Interests**

If you answered Yes to any of the above, please provide details of how you have, or plan to, mitigate the identified risks in the workplace? Please use the space provided to outline any additional information we may find helpful.

- I will fully disclose to and maintain transparency with my supervisor.
- I will follow LIVEfree Project's policies and procedures and uphold the values, mission and objectives.
- I will ensure that our personal relationship does not influence any professional decisions.
- I will ensure that I do not have any direct influence over decisions related to their participation.
- I will remove myself from any discussions or decisions where impartiality could be questioned.
- Other: \_\_\_\_\_

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**5. Employee Acknowledgement**

By signing this form, I confirm that the information provided above is true and complete to the best of my knowledge. I understand that it is my responsibility to promptly report any changes or new situations that may create a conflict of interest during my employment at LIVEfree Project.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Executive Staff Name & Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Member of Board Name & Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*N.B The updating of this form should be done as a conflict of interest arises. This form is to be completed on commencement of employment and reflected on annually to see if there have been any changes that need to be addressed.*