



Conflict of Interest Disclosure Form

Intimate Personal Relationships Between Employees/Residents and Student Ambassadors/Residents

Purpose

The purpose of this form is to ensure transparency, maintain professional boundaries, and manage any actual, potential, or perceived conflict of interest arising from intimate personal relationships within the residence community. Disclosure allows the organisation to implement appropriate safeguards that protect employees, residents, ambassadors, and the integrity of our community.

1. Personal Details

Name of person making the disclosure:

Role (e.g., employee, contractor, resident, student ambassador):

Department / Building (if applicable):

Date:

2. Relationship Details

Please provide information regarding the intimate personal relationship that may create a conflict of interest.

Name of the other individual involved in the relationship:

Their role (e.g., resident, student ambassador, employee, contractor):

Nature of the relationship:

☐ Dating / intimate personal relationship

☐ Domestic or long-term partnership

☐ Other (please describe): _____



Status of the relationship:

- ☐ Current
- ☐ Previous (may still create perceived conflict)

Date the relationship began (approximate if necessary):

3. Potential Areas of Conflict

Please indicate which areas may be affected by this relationship (tick all that apply):

- ☐ Power imbalance (e.g., employee–resident, student ambassador–resident)
- ☐ Supervisory or mentoring responsibilities
- ☐ Access to confidential or sensitive information
- ☐ Academic, disciplinary, or housing-related decisions
- ☐ Allocation of services, support, or opportunities
- ☐ Perception of preferential treatment
- ☐ Other (please describe): _____

4. Disclosure Details

Please describe any circumstances that may present a conflict of interest or could reasonably be perceived as such.

Include details such as overlapping duties, shared living areas, reporting lines, or influence on decision-making.

Description:

5. Proposed Mitigation Measures (optional)

If you have suggestions for how the organisation could manage or minimise the conflict, please outline them here (e.g., change in reporting line, adjustment of responsibilities, ambassador reassignment).

Suggested measures:



6. Declaration

I declare that the information provided in this form is true and complete to the best of my knowledge. I understand that:

- This disclosure will be handled confidentially in accordance with organisational policies.
- The purpose of this disclosure is to ensure transparency and the effective management of potential conflicts.
- Failure to disclose an intimate personal relationship that may present a conflict of interest may result in disciplinary action.
- The organisation may implement reasonable steps to manage or mitigate the identified conflict.

Signature: _____

Date: _____

7. For Management / P&C Use Only

Date received: _____

Reviewed by: _____

Assessment summary:

Actions / mitigation steps to be implemented:

Follow-up date (if required): _____