# Conflict of interest and confidentiality agreement for Panel Chair

## Who and when?

The Chair must complete this Agreement before commencing the procurement project.

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| --- | --- |
| Chair Name: |  |
| Organisation: |  |
| Position/Title: |  |
| Name of tender: |  |

## Do you have any actual, potential or perceived conflicts of interest?

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| --- | --- |
| Do you have any personal interest in the purchasing decision?  *(e.g. you own shares in a supplier or related company)* | 🞏 **Yes**  🞏 **No** 🞏 **Potentially** (tick ‘potentially’ if others could perceive you have a conflict) |
| Are you a relative or close friend of someone with a personal interest in the goods or services being purchased or who could be personally affected by the purchasing decision?  (*e.g. a family member is an employee or shareholder of a supplier)* | 🞏 **Yes**  🞏 **No** 🞏 **Potentially** (tick ‘potentially’ if others could perceive you have a conflict) |
| Do you have any personal obligations, loyalties or bias that could influence the way you evaluate offers and recommend purchases?  *(e.g. a close friendship with an employee of a supplier)* | 🞏 **Yes**  🞏 **No** 🞏 **Potentially** (tick ‘potentially’ if others could perceive you have a conflict) |
| Have you recently been offered any special discounts, gifts, trips, hospitality, rewards or favours by suppliers of the goods or services being purchased?  *(e.g. free travel; free samples for your own use)* | 🞏 **Yes**  🞏 **No** 🞏 **Potentially** (tick ‘potentially’ if others could perceive you have a conflict) |
| Are you aware of anything that could give the appearance that you might be biased towards or against a particular supplier?  *(e.g. you have expressed strong views about a supplier; you worked for a supplier; you use a supplier’s corporate box at a sports event)* | 🞏 **Yes**  🞏 **No** 🞏 **Potentially** (tick ‘potentially’ if others could perceive you have a conflict) |

## Confidentiality responsibilities

All of the procurement project’s discussions, meetings and material (written and electronic) are confidential and I agree to keep this information safe. I will not give this information to anyone outside the immediate tender team without prior approval from the Senior Manager.

## Secure storage and disposal of information

I undertake to:

* Arrange for the filing of the completed Probity File for this tender.
* Securely dispose of all other material pertaining to the evaluation of the tender that is in my control and has been returned to me by each panellist.
* Retain any copies of confidential and/or commercially sensitive information relating to this tender.

## Contact with suppliers

During my involvement in this tender process and any subsequent negotiations I undertake not to:

* Receive any gift, gratuity, hospitality, benefit or any other form of inducement from any potential supplier
* Make any comments to, contact or communicate or meet with any actual or potential suppliers, whether or not that have submitted a tender in the process, other than in accordance with the rules pertaining to the tender
* Meet with any actual or potential suppliers, whether or not they have submitted a tender in the process, other than in my capacity as Chair and in accordance with the rules pertaining to this tender

## Declaration of conflict of interest

|  |  |
| --- | --- |
| **Actual** conflict of interest is where you already have a conflict.  **Potential** conflict of interest is where the conflict is about to happen or could happen.  **Perceived** conflict of interest is where other people might reasonably think you are not being objective. | If you have answered **‘Yes’** or **‘Potentially’** to any of the above questions, please provide details here. Otherwise sign the declaration below. |

## Chair’s declaration

|  |  |  |
| --- | --- | --- |
| **Declaration by Chair –** I confirm that the above details are correct to the best of my knowledge, and I make this declaration in good faith. | | |
| Signature: |  | Date: |
| **Review by Senior Manager –** I confirm that I have received this declaration and noted the contents. Where a conflict of interest is declared, complete the next part of the form. | | |
| Name: |  | |
| Signature: |  | Date: |

# Conflict of Interest Management Plan

## Who and when?

The Senior Manager must complete this Plan if the Chair declares a conflict of interest. Decide how to manage the conflict and give details below.

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| --- | --- |
| **Tender:** |  |

## How the conflict of interest will be managed

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| **There are five options for managing or resolving your conflict of interest:**  **Restrict** your involvement in the process  **Recruit** an independent third party to oversee part or all of the process  **Remove** yourself from the process  **Relinquish** your private interest that causes the conflict  **Resign** from the agency | The following plan has been agreed to manage your declared conflict of interest. This takes into account the conflict’s likely effect on your role and responsibilities in the procurement activity, as well as the risks to the process and the agency’s reputation. |
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| --- | --- | --- |
| **Approval** – I approve the above Conflict of Interest Management Plan | | |
| Signature:  Senior Manager |  | Date: |

|  |  |  |
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| **Declaration** – I agree to the above Conflict of Interest Management Plan | | |
| Signature:  Chair |  | Date: |

|  |  |  |
| --- | --- | --- |
| **Resolved** – the conflict of interest has now been resolved and no further action is required | | |
| Signature:  Senior Manager |  | Date: |