

# Conflict of interest declaration

This form helps National Disability Insurance Scheme (NDIS) providers be transparent and declare a conflict of interest.

NDIS providers should complete this declaration form and provide a signed copy to the participant or their authorised representative.

## Section A: Definition

A conflict of interest occurs when a person or organisation puts what will benefit them (their own interests) ahead of the interests of the person they are supporting.

These conflicts may be:

- actual – it happened or is happening
- potential – it might happen
- perceived – it seems like, it has happened or might happen.

‘Own interests’ can include the interests of a person’s family, friends, employer, or other organisations they are involved with.

Conflicts of interest could be of a financial, business or personal nature, including any financial and/or corporate interest or conflicted relationship the NDIS provider may have with other entities, including businesses and organisations. A conflict of interest could also be of a personal nature, including but not limited to a cultural, religious or social relationships.

## Section B: Participant, provider, employee details

### Participant details

Full name	
Date of birth (DD/MM/YYYY)	
NDIS number	
Residential address	
Contact phone number	
Contact email	

### Provider details

Organisation name	
ABN	
Address	
Contact phone number	
Contact email	

## Employee details

Full name	
Relationship to participant	
Job title or position	
Contact phone number	
Contact email	

## Section C: Identification of the conflict of interest

Date conflict of interest identified	
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### 1. The conflict of interest has been identified as: (Please tick all that apply)

- an actual conflict of interest – it happened or is happening
- a potential conflict of interest – it might happen
- a perceived conflict of interest – it seems like it has happened or might happen.

### 2. Indicate who the conflicted relationship relates to: (Please tick all that apply)

- an employee
- a provider or organisation
- a business owner

### 3. What is the nature of the conflict of interest?

Please tick all that apply.

- Financial. For example, receiving a secondary gain, financial incentive or gift
- Business. For example, multiple supports and services provided from the same or connected business or organisation
- Personal. For example, friend or family member benefits from the arrangement

**4. Describe the conflict of interest including who is involved and the circumstances.**

**5. Discuss and describe the participant's concerns using their own words**

**6. Can the conflict be avoided?**

Choose the best answer.

- Yes, (outline strategies to avoid in [Section D Provider Management Plan](#))
- Yes, the participant has made an informed choice to receive supports from a specified provider after fully thinking about options available.
- No. Limited-service options are available in regional, rural and remote areas.
- No. Services require specific cultural and religious choice and practices.
- No. Highly specialised services have few accredited providers that operate nationally.

## Section D: Provider management plan

### 7. Describe the risk or impacts associated with the conflict.

### 8. List the alternative options that were explored and offered to the participant.

### 9. Describe the management strategy and actions to be taken by the NDIS provider.

- Monitor. Implement close supervision.
- Monitor. No further action required.

- Implement. An independent third-party contact or review.
- Restrict. Limit conflicted person's involvement in delivering supports and services.
- Remove. Conflicted person to be removed from delivering supports and services to participant named in section A.

Provide further details on the management strategy.

## 10. The conflict has been discussed with

Select all that apply.

- NDIS participant
- an authorised representative or decision supporter
- employee
- other, please state \_\_\_\_\_

## Section E: Acknowledgement and declaration

This form needs to be signed by relevant parties to acknowledge the information contained within this form is true and correct. This may be the participant, authorised representative, nominee, or guardian, or an employee or provider operations manager or director.

### Participant or authorised person

I acknowledge the following:

- The details discussed and provided on this conflict of interest declaration form are correct to the best of my knowledge.
- I understand the conflict of interest, and the associated risks and management strategy set out in this declaration form.

I have been provided with options to raise my concerns if the circumstances set out in this declaration change.

I understand that personal information collected, managed and disclosed on this form will comply with requirements of the organisation's privacy policy.

Participant name:

Signature:

Date:

Authorised representative name:

Signature:

Date:

## Employee and provider operations manager or director

I declare the following:

I have given the above named participant or authorised representative:

- a copy of this declaration form
- any additional management plans
- the organisation's conflict of interest policy and procedures.

The details provided are correct to the best of my knowledge and I make this conflict of interest declaration in good faith.

I understand that if the circumstances as set out in this declaration change, I am required to complete a new declaration setting out the new circumstances.

I acknowledge that this conflict of interest declaration and management plan will be reviewed:

- within 6 months.
- within 12 months.

I understand that personal information collected, managed and disclosed on this form will comply with requirements of our organisations privacy policy.

The [NDIS Code of Conduct](#) promotes safe and ethical service delivery by setting out expectations for the conduct of both NDIS providers and workers. If you do not abide by the obligations to disclose and manage conflicts of interest this may constitute a breach of the Code of Conduct which may result in a report to the NDIS Quality and Safeguards Commission or National Disability Insurance Agency for non-compliant behaviour.

Employee name:

Signature:

Date:

Operations manager or director name:

Signature:

Date:

## National Disability Insurance Agency

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Telephone 1800 800 110

Webchat [ndis.gov.au](http://ndis.gov.au)

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