



CONFLICT OF INTEREST DISCLOSURE FORM

THE INFORMATION YOU PROVIDE IN THIS DISCLOSURE IS COLLECTED FOR THE PURPOSES OF ENSURING COMPLIANCE WITH THE VICTORIAN BAR'S CONFLICT OF INTEREST POLICY.

THE PERSONAL INFORMATION PROVIDED IN THIS DOCUMENT IS CONFIDENTIAL AND IS PROTECTED UNDER THE PROVISIONS OF *THE PRIVACY ACT 1988* (CTH).

PERSONAL DETAILS:

Your Surname: _____

Your Given name/s: _____

Position Held: _____

Please tick the relevant box below:

I have / have witnessed a conflict of interest as defined in the Conflict of Interest Policy.

1. Describe the private interest/s that have the potential to impact on your ability to carry out, or be seen to carry out, your official duties impartially and in the best interests of the Victorian Bar.

2. List the duties you perform within the Victorian Bar, which may be impacted by your private interest/s described above.

3. Describe how the conflict of interest might influence or be seen to influence you.

4. Outline how you propose to manage this conflict of interest.

I have disclosed in this statement to the best of my knowledge all relevant information to the conflict of interest described above and hereby agree to comply with any conditions or restrictions imposed by the Bar to manage, mitigate or eliminate any conflict of interest.

Signed:

Date: __ / __ / ____

Please email a copy of this completed form to presidentbc@vicbar.com.au