Divisional Conflict of Interest Disclosure Form

CPA AUSTRALIA LTD ABN 64 008 392 452

**Identification:**

|  |  |
| --- | --- |
| Name:  |  |
| Division: |  |

**Characterisation of Conflict:**Describe the Conflict of interest e.g. being employed by the appointed external auditor to CPA Australia; having a personal relationship with a person who is a candidate for special admission; having a personal relationship with a person who for a fee is presenting at Divisional events; or may be being considered for an award or the conflict may arise from being a member of a governance structure of another body.(Please describe below)

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**Declaration**:
I declare that the details of my conflict of interest are correct to the best of my knowledge and that I am aware of my responsibilities to take reasonable steps to avoid or manage any real or apparent conflict of interest in connection with my role with CPA Australia and to advise the Division and Divisional Council of any relevant changes in my personal circumstances.

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| --- | --- |
| Signature:  |  |
| Date:  |  |

**Action by Division & Council President:**
Describe the action proposed to mitigate the real or perceived conflict which has been disclosed and the reasons for the decisions:

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The above action has been discussed with the member and is appropriate to manage the real or apparent conflict of interest disclosed above.

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| --- | --- |
| Signature of President:  |  |
| Date:  |  |
| Member Endorsement:  |  |
| Date:  |  |

**When finalised this form is to be forwarded to the State/Territory/Country Manager or Regional Head (or equivalent position) and retained with Divisional records.**