

<b>Document title:</b>		Conflict of Interest Policy
<b>Approving authority:</b>		Board of Directors
<b>Related policies:</b>		Employee Code of Conduct and Ethics Policy Professional Conduct Management Policy Australian Business Compliance Policy Board Governance and Oversight Policy
<b>Next review:</b>		01/06/2026
<b>Version</b>	<b>Release date</b>	<b>Comment</b>
V1.0	01/06/2023	Initial release

## 1. Purpose

The purpose of this Conflict of Interest Policy is to ensure that all ITAC staff members act in the best interest of the organization and maintain the highest level of integrity, professionalism, and transparency. This policy outlines the process for identifying, disclosing, and managing conflicts of interest that may arise during their employment at ITAC.

## 2. Scope

This policy applies to all ITAC staff members, including full-time, part-time, and temporary employees, contractors, consultants, and volunteers.

## 3. Definitions

A conflict of interest occurs when an ITAC staff member's personal, financial, or other interests may compromise or appear to compromise their ability to perform their duties impartially, or when their actions may benefit themselves, their family members, or close associates at the expense of ITAC's best interests.

## 4. Responsibilities

- a. ITAC staff members are responsible for identifying and disclosing any actual, potential, or perceived conflicts of interest promptly and in writing to their immediate supervisor or the HR department.
- b. ITAC supervisors and the HR department are responsible for assessing the disclosed conflicts of interest and determining the appropriate course of action to manage the conflicts.

## **5. Disclosure and Management**

- a. Upon identifying a conflict of interest, the staff member must complete a Conflict of Interest Disclosure Form and submit it to their immediate supervisor or the HR department.
- b. The supervisor or HR department will review the disclosure, assess the potential impact on ITAC's interests, and determine the appropriate course of action, which may include:
  - i. Implementing measures to mitigate the conflict, such as reassigning duties or responsibilities.
  - ii. Requiring the staff member to divest from the conflicting interest.
  - iii. Seeking guidance from ITAC's legal counsel, CEO or the Board of Directors.
- c. The staff member must comply with any decision or action taken by the supervisor or HR department to manage the conflict of interest.

## **6. Confidentiality**

All conflict of interest disclosures and related information will be treated with appropriate confidentiality, and access to such information will be limited to those who need to know to manage the conflict effectively.

## **7. Non-Compliance**

Failure to disclose or appropriately manage a conflict of interest may result in disciplinary action, up to and including termination of employment or contractual relationships.

## **8. Review and Update**

This policy will be reviewed periodically to ensure compliance with relevant legislation and best practices. Any changes to the policy will be communicated to all staff members.

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## Conflict of Interest Disclosure Form

Personal Information:

Full Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Description of Conflict:

Please provide a detailed description of the actual, potential, or perceived conflict of interest. Include information about your personal, financial, or other interests that may compromise or appear to compromise your ability to perform your duties impartially, or that may benefit you, your family members, or close associates at the expense of ITAC's best interests.

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Proposed Actions to Mitigate Conflict:

Please describe any steps you have taken or propose to take to mitigate or manage the conflict of interest. If you require assistance or guidance in managing the conflict, please indicate that as well.

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Acknowledgement:

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand my obligation to disclose any actual, potential, or perceived conflicts of interest promptly and in writing, as per ITAC's Conflict of Interest Policy. I agree to comply with any decision or action taken by my supervisor or the HR department to manage the conflict of interest.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

[For Supervisor or HR Department Use]

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_