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| Communities and Justice | | |
| Conflict of interest notification form | **1 July 2025** | |
| For contracted providers of human services | |  |
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Use this form to notify DCJ of conflicts of interest. You must complete a separate form for each conflict of interest.

As agreed in the contract with us, you’re required to:

* make enquiries in relation to any conflict of interest
* notify us, making full disclosure of all information relevant to the conflict of interest, and
* manage, eliminate, resolve or otherwise deal with the conflict of interest.

We’re concerned with conflicts of interest that are related to the governance, financial management, service delivery or performance under the contract with us, and which may improperly influence or appear to inappropriately influence your obligations and the services your contracted to deliver.

You’re not required to notify us of conflicts of interest that are unrelated to your contract with DCJ.

**Send the completed form by email to your DCJ contract manager.**

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| Information with solid fill | All form fields are required unless marked otherwise. |

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| Service provider name |  |
| Service provider ID |  |
| Australian Business Number (ABN) |  |
| List the DCJ programs/services your organisation delivers |  |
| Date the conflict of interest was identified | Click or tap to enter a date. |
| Is this a newly identified conflict of interest, or a change to a previously notified conflict of interest?  Choose one. | Newly identified conflict of interest  Known conflict of interest not previously notified to DCJ  Change of circumstances to a previously notified conflict of interest |
| Does the conflict of interest apply to your organisation or one of its personnel?  See how DCJ defines ‘[personnel](https://dcj.nsw.gov.au/service-providers/working-with-us/contract-management-policies-resources/conflicts-of-interest-policy/definitions.html#Personnel4)’ in the conflicts of interest policy for contracted providers of human services. | Applies to your organisation and its relationship with another organisation or trust |
| Applies to one of your organisation’s personnel  Person’s name:  Person’s position in your organisation: |
| Type of conflict of interest  Choose one.  See how DCJ defines actual and possible (perceived and potential) [conflicts of interest](https://dcj.nsw.gov.au/service-providers/working-with-us/contract-management-policies-resources/conflicts-of-interest-policy/definitions.html#Conflict2) in the conflicts of interest policy for contracted providers of human services. | An actual, existing conflict of interest  Could be perceived by others to be a conflict of interest  Has the potential to become a conflict of interest |
| Describe the nature of the conflict of interest  As agreed in the contract with us, provide full disclosure of the conflict of interest.  In your response, include the details of any related parties. (See how DCJ defines ‘[related party](https://dcj.nsw.gov.au/service-providers/working-with-us/contract-management-policies-resources/conflicts-of-interest-policy/definitions.html#Related5)’ in the conflicts of interest policy for contracted providers of human services.) For example:   * if the related party is another person, as a minimum identify the person’s name, how they’re related to your organisation or its personnel, and their position in another organisation if it’s relevant to the conflict of interest * if the related party is another organisation, as a minimum identify the name of the organisation, its ABN or ACN, and how it’s related to your organisation or its personnel. |  |
| Which of your contracts with DCJ does the conflict of interest apply to? | Applies to all contracts with DCJ |
| Applies to the following contracts with DCJ:   * contract ID |
| Proposed management strategy  Provide enough detail for us to understand how the conflict of interest will be managed by your organisation and/or the person in your organisation it relates to. |  |
| Your organisation's contact person for this conflict of interest | Name:  Position:  Phone number:  Email address: |
| Your DCJ contract manager's details | Name:  Phone number (optional):  Email address: |
| Your details  Your details are required **if you’re not** the organisation’s contact person for this conflict of interest. | Name:  Position:  Phone number:  Email address: |

## Terms and conditions consent

Check each box to confirm your agreement.

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|  | I warrant that the details provided in this form are true and correct to the best of my knowledge, and I make this conflict-of-interest notification in good faith. |
|  | I confirm that my organisation’s governing body is aware that I’ve submitted this notification to DCJ to satisfy the conflict-of-interest provisions we agreed in the contract with DCJ. |
|  | I understand that DCJ will review this conflict of interest and contact me to discuss it, and that our organisation will be required to work with DCJ to manage, eliminate, resolve or otherwise deal with the conflict. |
|  | I understand that if the circumstances of this conflict of interest change, our organisation is required to submit a new notification for review by DCJ. |
|  | I confirm that I have read and understood the [privacy notice](https://dcj.nsw.gov.au/statements/privacy.html) and consent to the information I have provided in this form being used for the purposes of reviewing and managing the conflict of interest being notified. |