

Conflict of Interest Declaration Form

(In compliance with Standard 4.3 of the Standards for Registered Training Organisations 2025)

1. Purpose

This form ensures transparency and integrity by requiring staff, contractors, trainers/assessors, education agents, and governing persons to declare any actual, potential, or perceived conflicts of interest that may influence their professional decisions, judgment, or actions in relation to Victorian Skills College Pty Ltd t/a Victorian Skills College operations.

2. Personal Details

Full Name	
Position/Role	
Department	
Relationship Type	☐ Staff ☐ Contractor ☐ Trainer/Assessor ☐ Agent ☐ Governing Person ☐ Other
Date of Declaration	

3. Do you have a Conflict of Interest?

☐ Yes

☐ No

If no, sign **Section 10** and submit. If yes, complete the sections below.

4. Type of Conflict (tick all that apply)

☐ **Actual** – happening now

☐ **Potential** – may happen in future

☐ **Perceived** – could be seen by others as a conflict

5. What is the Conflict? (Plain description) Describe the situation in simple terms:

6. Nature of the Relationship or Interest (tick all that apply)

☐ Financial interest in another RTO, education agent, or supplier

☐ Close personal or family relationship with a current student or staff member

☐ External employment, consultancy, or contract that overlaps with VSC's operations

☐ Ownership or directorship in a company that conducts business with VSC

☐ Involvement in student recruitment, assessment, or decision-making that could influence impartiality

☐ Other (please specify): _____

7. Details of the Conflict

Explain how the interest or relationship may influence your role or decisions at VSC and whether it could affect compliance, student outcomes, or organisational integrity. (Attach supporting documentation if necessary.)

8. Risk to the RTO

Could this conflict impact:

Risk Area	Yes	No
Student outcomes	☐	☐
Assessment integrity	☐	☐
Compliance with Standards	☐	☐
Reputation of the RTO	☐	☐

If yes, briefly explain:

9. How will this be managed? (tick or suggest)

- ☐ Recusal from decision-making (not be involved in the decision)
- ☐ Reallocation of duties
- ☐ Disclosure to affected parties
- ☐ Independent oversight or review
- ☐ Termination of conflicting arrangement
- ☐ Other (please specify): _____

10. Declaration (Mandatory)

I confirm that:

- The information provided is true and complete
- I understand my obligation to act ethically and transparently
- I will notify the RTO immediately if my situation changes

Signature:

Date:

8. FOR OFFICE USE ONLY

Reviewed/Assessed By (Name & Role)	
Date Reviewed	
Risk Rating	☐ None ☐ Low ☐ Moderate ☐ High ☐ Critical
Decision	☐ Acceptable – No action required ☐ Manageable – Controls applied ☐ Not acceptable – Action required
Action Required	
Management Action Implemented	☐ Yes ☐ No
Follow-Up/Review Date	
Recorded in Conflict-of-Interest Register:	☐ Yes ☐ No Date: _____

Note: All declarations must be filed in the staff's personnel record, recorded in the Conflict-of-Interest Register, and reviewed annually or upon change in circumstances.

Signature (CEO/RTO delegate): _____

Date: _____