



CONFLICT OF INTEREST RECORD

PERSONAL DETAILS

Name: _____

Circle the relevant criteria Employee Volunteer Management Committee Member Other

List specific role in organisation: _____

Has the conflict occurred? (Circle) Yes / No If yes, date occurred: ____ / ____ / ____

If not, when is it possible or likely to occur? _____

List potential, perceived or real conflict of interest:

List identified persons conflict of interest involves:

CONFLICT OF INTEREST RECORD (page 2)

Declaration made by: _____

Name: _____

Signature: _____

Date: ____ / ____ / ____

Witness to declaration: _____

Name: _____

Signature: _____

Date: ____ / ____ / ____

For more information please contact the Council's Housing Officer on.

PH: (07) 4168 1459 - (07) 4168 1866

FAX: (07) 4168 2727

EMAIL: rents@cherbourg.qld.gov.au

ADDRESS: 22 Barambah Avenue Cherbourg QLD 4605

Witness to declaration: _____

Name: _____

Signature: _____

Date: ____ / ____ / ____

"Many Tribes One Community"