Bike Riding Encouragement Grant Conflict of Interest Declaration



Note: Any personal information provided might be discussed with the Bike Riding Encouragement Program (BREP) Grants Team who may discuss the matter with the Bike Riding Encouragement Program Grants Selection Committee if a conflict of interest situation arises. Depending on the circumstances, an opinion may be sought from the Integrity Commissioner. Your personal information will not be disclosed to other parties without your consent, unless required to do so by law. Use of the information on this form is restricted to those involved in the administration of this process. **Please complete Section A, B and either C or D.**

SECTION A: APPLICANT (Declarant)	
Family name	Given name/s
Declaration details . It is the applicant's responsibility to indicate the rof interest, such as: personal, professional and business interests, other partners, dependents or other groups with which you associate.	
Names and relationships with other parties, and the reason why the cirrequired. Both pecuniary and non-pecuniary interests need to be addre	
Note: Having a conflict of interest is not considered wrong doing in perceived or potential conflicts of interest.	n itself. However you are required to openly declare actual,
Attach relevant supporting documentation if required.	
SECTION B: WHAT IS THE PRIVATE, PROFESSIONAL (OR BUSINESS INTEREST THAT MAY BE A CONFLICT?
Declarant Signature Date	
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	wrised by the Transport Operations (Road Use Management) Act. The information to its agents and contractors, authorised departmental ent agencies, and federal and interstate government agencies. The information to any other third parties without your consent unless NFLICT Deleted) the Bike Riding Encouragement Program team delegate and
it has been agreed that the circumstances do not represent Document the discussion below:	t a conflict of interest and no further action is required.
Name	Name
Declarant's Signature	Position Title
Date	BREP Community Grants Delegate Signature
	Date

SECTION D: DELEGATE DECISION MAKING - CONFLICT OF INTEREST EXISTS AND REQUIRES A MANAGEMENT PLAN (including potential and perceived conflicts) (if completing section D, Section C is not required to be completed)

Resolution and Management Strategy What action has been taken to resolve and/or manage the conflict of interest (Register, Restrict or Remove)? Include details of discussions if any advice sought. Attach additional documentation if required.	
I agree the above action has been decided upon to resolve and/or	manage the conflict of interest:
Name	Name
Declarant's Signature	Position Title
Date	BREP Community Grants Delegate Signature
	Date
Delegate Office Action	
Copy to Declarant	
☐ Copy to BREP community grants team (to secure confidential file)	

Original to Delegate (to secure confidential file)