

**AUSTRALASIAN COLLEGE
OF COSMETIC SURGERY
AND MEDICINE**

**CONFLICT OF INTEREST
DECLARATION FORM**

Conflict of Interest Declaration Form

The purpose of this form is for declarations to be made as required. Submissions will be managed on a case-by-case basis in line with the Conflicts of Interest Policy.

Before submitting your declaration, please read the Conflicts of Interest Policy.

Personal Details

Name

Mobile

Email

Please outline the identified conflict of interest.

Please list the parties involved and their relationship to you.

Please outline the proposed actions that will be taken, or recommendations, to resolve or manage the identified conflict of interest.

Is the conflict of interest actual, perceived or potential? (please tick all applicable boxes):

- Actual** conflict of interest (the conflict of interest is occurring or has occurred).
- Perceived** conflict of interest (it could be perceived, or appear to a reasonable person, that your personal interests could influence the performance of your duties and responsibilities).
- Potential** conflict of interest (a conflict of interest may arise in the future).

Declaration

- I declare that to the best of my knowledge the information supplied in this form is complete and correct, and I will:
 - Withdraw or exclude myself from involvement in discussions and decision making and/or from offering advice to decision makers on ACCSM's work with the interested third party, if applicable
 - Notify the ACCSM contact and be cooperative in mitigating or eliminating any associated actual, potential, or perceived conflict of interest.

Name

Date

Signature

Declarations must be submitted via email to admin@accsm.org.au