

# DECLARATION OF PRIVATE INTERESTS & PROBITY CHECK – KCHS DIRECTORS

(Please type your answers or write them in block capitals.)

I, (*insert full name*) ..... am a potential appointee to the Board of Knox Community Health Service Ltd. I hereby declare my private interests as at (*insert date*) ..... and consent to the service collecting and using this information on a confidential basis as described in this form.

## PART A – PRIVATE INTERESTS

The purpose of these questions is to manage the risk that a director may have a Conflict of Interest, whether actual, potential or perceived, that might affect the quality or perceived independence of Board decisions.

<p><b>A1. Other significant sources of income:</b> Please provide details of income, from other than your main source of employment income, relating to contracts or to any office held in return for payment or other reward, or a trade, vocation or profession engaged in by you.</p>	
<p><b>A2. Officeholder:</b> Please provide the name of any company, trustee company, incorporated associations or other entity in which you hold office, whether it is a public or private body and the name of the office held by you.</p>	
<p><b>A3. Shareholdings &amp; other business interests:</b> (a) Do you or a member of your family have shareholdings, investments or other business interests, including as nominee shareholders on behalf of the agency in government companies. (b) Please provide details of all such holdings of which you are aware, <u>which could reasonably raise an expectation of conflict of interest, or a material interference with your public duties as a director of KCHS.</u> These details should include the name and nature of operations of the company, partnership, association or other entity, and the nature of the interest.</p>	<p>Yes / No</p>
<p><b>A4.Trusts:</b> Please provide details of any trusts of which you are aware, <u>which could reasonably raise an expectation of conflict of interest, or a material interference with your public duties as a Director of KCHS.</u> These details should include the name and nature of the operations of:</p> <ul style="list-style-type: none"> <li>• any such trust of which you are a beneficiary;</li> <li>• the name of the trustee or any such trust of which you are a trustee; or</li> <li>• any such trustee company of which you are a director and in which a member of your immediate family is a beneficiary.</li> </ul>	

<p><b>A5. Real Estate:</b> To your knowledge, please provide details of the location and purpose of any real estate owned by you (including your residence) or a member of your family, <u>which could reasonably raise an expectation of conflict of interest, or a material interference with your public duties.</u></p>	
<p><b>A6. Agreements:</b> Please provide details of any contract, agreement or understanding entered into by you or a family member, of which you are aware, that gives rise to an obligation or an expectation of reward, such as an agreement about future employment once the appointment term is completed. <u>Only provide information which could reasonably raise an expectation of conflict of interest or a material interest with your public duties.</u></p>	
<p><b>A7. Other interests:</b> Please provide details of any other significant financial or other interest held or accruing to you or a member of your family, of which you are aware, <u>which could reasonably raise an expectation of a conflict of interest or material interference with your public duties.</u></p> <p>Examples of a substantial financial or other interest include:</p> <ul style="list-style-type: none"> <li>• being a principal or key employee of a material professional adviser supplying services to KCHS; and</li> <li>• interests in contracts, trusts or other business arrangements with KCHS, not already covered.</li> </ul>	

## PART B – PROBITY

<p><b>B1. Bankruptcy</b> Have you been declared bankrupt or been the subject of any order under the Bankruptcy Act 1966 (Cth)?</p>	<p>Yes / No</p>	<p><b>If yes,</b> please provide details</p>
<p><b>B2. Insolvency</b> Have you been a director or executive officer of a corporation which became insolvent whilst you were a director or executive officer?</p>	<p>Yes / No</p>	<p><b>If yes,</b> please provide details</p>
<p><b>B3. Disqualification</b> Have you ever been disqualified from acting as a director or acting in the management of an incorporated association?</p>	<p>Yes / No</p>	<p><b>If yes,</b> please provide details</p>
<p><b>B4. Civil Penalties</b> Have you ever:</p> <ul style="list-style-type: none"> <li>• contravened any civil penalty provision under the <i>Corporations Act 2001</i> (Cth) or any of its predecessors;</li> <li>• contravened the <i>Associations Incorporation Act 1981</i> (Vic) or any equivalent in another jurisdictions; or</li> <li>• been found guilty of any offence in relation to corporate or regulatory matters?</li> </ul>	<p>Yes / No</p>	<p><b>If yes,</b> please provide details</p>

<p><b>B5. Criminal or Civil Proceedings</b>  Are you currently a party in any capacity in either criminal or civil proceedings before a:</p> <ul style="list-style-type: none"> <li>• court;</li> <li>• tribunal; or</li> <li>• other adjudication body, including a professional / registration / licensing body</li> </ul> <p><u>which could reasonably raise an expectation of a material interference with your public duties?</u></p> <p>Do you expect to become a party to any such proceedings in the next year?</p>	Yes / No	<b>If yes, please provide details</b>
<p><b>B6. Indictable Offences</b>  Have you been found guilty of any indictable offence, including fraud? A "finding of guilt" includes convictions, fines associated with criminal charges, good behaviour bonds, undertakings and community based orders, even where no conviction was recorded. It does not include a conviction under any prescribed spent convictions scheme.</p>	Yes / No	<b>If yes, please provide details</b>
<p><b>B7. Current Investigations</b>  To the best of your knowledge and belief, have you been, or are you currently, the subject of any inquiry or investigation, including those by:</p> <ul style="list-style-type: none"> <li>• a department or agency of the Commonwealth; and/or</li> <li>• a department or agency of a State or Territory of Australia; and/or</li> <li>• a professional association; and/or</li> <li>• a regulatory agency; and/or</li> <li>• your current or a previous employer; and/or</li> <li>• a consumer protection organisation?</li> </ul>	Yes / No	<b>If yes, please provide details</b>

KCHS treats all personal information provided by an individual in support of an appointment application in accordance with the *Information Privacy Act 2000 (Vic)*. The personal information you provide in this form is required for application processing and assessment purposes only. Should you wish to gain access to your personal information held by the Service please contact the Privacy Officer.

When you provide us with information about other individuals, we rely on you to make them aware that such information will or may be provided to us as part of the application process. If all or part of the requested information is not provided and/or all pages of the declaration are not signed by the declarant this failure may impact on your application.

I declare that to the best of my knowledge, the information I have provided is true and correct. I undertake to advise the responsible Agency Head in writing if a conflict or potential conflict arises in the future and to stand down in any decision making process in which I may be compromised. If there is any change to the interests set out in this document I undertake to advise the responsible Agency Head of any alterations or additions to my declaration as soon as practicable.

**Signature of Declarant:** ..... **Signature of Witness/Delegate:**.....

**Title:** ..... **Name (please print):**.....

**Date:** ..... **Date:** .....