

FORM: Client Conflict of Interest

Please complete this form if you feel you have a conflict of interest due to knowing staff on a personal basis, if you have relatives or friends using our services, etc. If you require more than one form, please contact us directly.

Client Details

Name:	
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Details of the Conflict of Interest

Name of Person/s Regarding Conflict of Interest:	
Date Conflict Began:	
<p>Type of Conflict of Interest (tick one):</p> <p> <input type="checkbox"/> Actual <input type="checkbox"/> Potential <input type="checkbox"/> Perceived </p> <p>Actual, potential, or perceived conflict relates to: (tick all that are relevant)</p> <p> <input type="checkbox"/> Relationship with family or friends <input type="checkbox"/> Staff recruitment <input type="checkbox"/> Work activities outside (paid/unpaid) <input type="checkbox"/> Personal relationships with internal and/or external parties <input type="checkbox"/> Financial interest <input type="checkbox"/> Disposal of assets <input type="checkbox"/> Gifts/Benefits <input type="checkbox"/> Provision of external consultancy service </p> <p>Provide a detailed description of the actual, potential, or perceived conflict of interest (<i>including the specific personal interest identified and how this raises an actual, potential or perceived conflict of interest, who is/could become involved (client name, staff name, organisations etc) and the effect on those involved</i>):</p>	

Signature of Parent/Guardian

Name of Parent/Guardian

Date



Explore & Soar Management Checklist (Internal Use Only)

Action Plan Outcome			
Register Updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials:
Uploaded to Client File	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials:

Signature of EAS Management

Name of EAS Management

Date

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