



# NCCC - Disclosure and Declaration Process

Document set 1

## Related Party Transactions and Possible Conflict of Interest

### Introduction

All members of the National COVID-19 Coordination Commission (NCCC) are required to provide a written declaration to record interests that could give rise to a conflict, or the appearance of a conflict, with official duties. You must provide a declaration of these private interests and those of your immediate family members.

The declaration of private interests covers: real estate; share holdings; trusts or nominee companies; directorships in companies; partnerships; investments; other assets; other substantial sources of income; gifts (including invite-only airline memberships), substantial sponsored travel or hospitality; and liabilities.

Further information can be found in the Department's [Conflict of Interest policy](#) and [Section 5 of the APS Values and Code of Conduct in Practice](#).

Members need to remain alert to discussions to ensure that where a potential conflict might arise, appropriate arrangements can be put in place, such as recusal from specific deliberations.

It is your responsibility to discuss real or potential conflicts of interest with Mr John Reid PSM, First Assistant Secretary, Government Division (02 6271 5786 **S22** ). You must notify Mr Reid should any significant alterations to your interests occur.

Members must undertake to not use any information that they gain in the course of their official duties as a member of NCCC for personal gain.

Members are also requested to provide an undertaking that they will not exercise control of investment decisions in relation to their private interests in Australia (i.e. refrain from buying, selling or other trading of Australian investments) while a member of NCCC.

## PRIVACY NOTICE

The Department of the Prime Minister and Cabinet is collecting the personal information requested in this form for the purpose of identifying personal and other interests that could or could be seen to influence the decisions that the employee covered by the declarations policy is taking or the advice they are giving.

For the same purpose, we may include this information in the financial statements of the department or provide this information to other Commonwealth entities to prepare their financial statements. Other third parties to whom your personal information may be disclosed are covered under the *Privacy Act 1988* and the *Freedom of Information Act 1982*.

We will not provide any of the information collected from you to anybody else outside the Department unless you have given consent for us to do this, or the law requires us to. The Departments' [Privacy Policy](#) on the Department's website describes when this might occur.

Providing us with the requested information is required under the Australian Accounting Standard (AASB 124 Related Party Disclosures), the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and section 13(7) of the *Public Service Act 1999* (PS Act).

If you do not provide the requested information, you may be in breach of the requirements of the PGPA Act and the PS Act.

The Department's Privacy Policy explains how the Department stores, handles and protects the information provided by you. Please also see the Privacy Policy for information about how you can request to access or correct the personal information we hold about you, and who to contact if you have a privacy enquiry or complaint.

Personal Details	
Name:	
Position Title:	Member
Branch/Division:	National COVID-19 Coordination Commission
Geographic Location:	n/a

Your Financial Interests	
Provide details of the organisations in which you have controlling interests (control or joint control).	
Names of organisations in which you have controlling interests and details (e.g. percentage of shareholding, short description of activities or investments)	ABN or ACN of organisations

## Interests of Your Close Family Members

Close family members could include: current spouse or domestic partner; your or your spouse's/domestic partner's children over 16 years of age; and other dependants, including dependants of your spouse or domestic partner. Dependants are any family members who are financially supported.

Provide full name(s) of close family members	Relationship to you	Name of organisations in which your close family members have controlling or joint controlling interests and details (such as percentage of shareholding, short description of activities or investments)	ABN or ACN of organisations listed

## Declaration of Consent

I am aware that my information has been collected for the purpose of identifying personal and other interests that could or could be seen to influence the decisions that the employee covered by the declarations policy is taking or the advice they are giving. I am aware of the Privacy Principles set out in the *Privacy Act 1988* which authorise the collection and the third parties to whom my personal information may be disclosed. I consent to the collection of my personal information by the Department of the Prime Minister and Cabinet.

## Immediate Family Member

Name:

Relationship to Employee:

Signature:

Date:     /     /

## Related Party Transactions

Did your close family members and/or the organisations listed above have transactions with the department for the period from 1 July 2019:

YES NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Provide goods or services to the department?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have memberships in a governing board of the department?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Purchase/sell/transfer/leases assets from/to the department?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Receive grants or loans from the department?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have debts forgiven/partially forgiven by the department?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Receive guarantees from the department?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are employed by the department?<br>If so, please provide details below (including their position(s) and type of employment) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Receive / provide voluntary work from/to the department?  | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered 'yes' to any of categories above, please provide information below:

## Possible Conflicts of Interest

Other than the financial interests covered above, do you have any other real or apparent conflicts relating to your role and the business of the department?

The types of interests and relationships that may need to be disclosed include real estate investments, shareholdings, trusts or nominee companies, company directorships or partnerships, involvement in self-managed superannuation funds, other significant sources of income, significant liabilities, gifts, private business, employment, voluntary activities, social or personal relationships that could or could be seen to impact upon your responsibilities.

YES NO

• Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
• Outside Employment	<input type="checkbox"/>	<input type="checkbox"/>
• Personal Relationships	<input type="checkbox"/>	<input type="checkbox"/>
• Gifts (including invite-only airline memberships)	<input type="checkbox"/>	<input type="checkbox"/>
• Other	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of categories above, please provide information below:

## Employee Declaration

I declare that:

1. To the best of my knowledge, all information recorded in this form (including any attachments) is a complete and accurate record.
2. I have informed my close family members about the requirement to record details pertaining to their financial interests.
3. I understand that the information collected may be included in the financial statements of the department.
4. I understand it may be necessary for the collected information to be to be disclosed to other Commonwealth entities to prepare their own financial statements.
5. I understand that the financial information provided is subject to audit by the Commonwealth Auditor-General.
6. I undertake to not use any information that I gain in the course of my official duties as a member of NCCC for personal gain or the benefit of any other person.
7. I undertake to not exercise control of investment decisions in relation to my private interests in Australia (i.e. refrain from buying, selling or other trading of Australian investments) while a member of NCCC.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Assessment (Mr Reid)

Conflict of interest has been identified as: (please tick one of the following)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No conflict of interest          | <input type="checkbox"/> A real conflict of interest | <input type="checkbox"/> An apparent conflict of interest |
| <input type="checkbox"/> A potential conflict of interest | <input type="checkbox"/> Pecuniary interest          | <input type="checkbox"/> Non-pecuniary interest           |

Details on how to assess and manage a potential conflict can be found in the Department's [Conflict of Interest policy](#).

Comments (document action to be taken to mitigate or remove any identified conflicts of interest):

## Questions

Mr John Reid PSM  
First Assistant Secretary, Government Division  
02-6271 5786 / **S22**

## Completed Forms

Please send your completed form to the [John.Reid@pmc.gov.au](mailto:John.Reid@pmc.gov.au) for the department's records.

## Disclosure Assessment (Ms Foster if required)

Only the elements highlighted in Mr Reid's assessment need to be assessed in this section.

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| 1. Conflicts disclosed           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Disclosure is a real conflict | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Conflict addressed            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Management action taken to address real or perceived conflicts:

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

Name:

Signature:

Date: / /



