



ATTACHMENT 5 – SPONSORED TRAVEL PERSONAL DECLARATION

Identifying any Conflict of Interest and Risks (Non-commercial and Commercial Sponsorship)

Please answer the following questions to indicate the relationship you have with the sponsor body funding your travel. This should be read in conjunction with WA Health policies on Managing Conflict of Interest (*OD 0264/10*) the Sponsorship (*OD/IC 0266/10*) and the Sponsorship Policy Checklist (Attachment 6).

Name of sponsor: _____

1. Yes No **Are you aware of any commercial or financial relationship WA Health has with the proposed sponsor?**

If 'yes', describe the nature of the relationship:

If any answers to the questions below (numbers 2-8) are 'yes' – a *Conflict of Interest Assessment Guide and Record* (Attachment 7) must be completed and attached identifying how risks will be managed.

2. Yes No **Do you have anything to do with tenders, contracts and/or supply with the sponsor?**
3. Yes No **Do you have a personal or private interest that may conflict, or be perceived to conflict, with your duty as a public officer?**
4. Yes No **Have you previously received any benefit or may in the future receive a benefit from the sponsor (in any form) that could cast doubt on your or WA Health's independence, objectivity or impartiality?**
5. Yes No **Is there any risk (to you personally or to WA Health) that your involvement in this sponsored decision or action be viewed by others? Are there risks associated for me or the organisation?**
6. Yes No **In your opinion, would your involvement in this sponsored travel be interpreted as unfair and unreasonable to others?**
7. Yes No **Is there the potential that this sponsored travel may be questioned publicly?**
8. Yes No **Have any promises or commitments been made (either personally or on behalf of WA Health) in relation to the sponsor or their products and services?**

I have read and understand the relevant WA Health policies and confirm that my acceptance of sponsored travel would comply with the above policies.

Signature: _____ Date: _____

Name: _____