

CONFLICT OF INTEREST PLAN

This Management Plan must be completed for all Conflicts of Interest.

Please refer to our Conflict of Interest Policy for guidance on how to identify and manage potential conflicts of interest. An undisclosed conflict of interest may lead to disciplinary action, including termination. Please consult People & Culture for further advice.

	eclare that a potential conflict of interest e		
lame:	Position title if applicable:	Site if applicable:	Phone no:
Details of the conflict o	f interest (either direct or indirect cont	ilict):	
Is the conflict of interest between employees?		Yes	D No
Is the conflict of interest b	between an employee and deployee?	Yes	D No
Is the conflict of interest t	petween an employee and RedR?	Yes	D No
	between an employee and other party (e.	• • • • •	D No
•	e of the relationship or situation and whe		
Include details of the rela	ationship or situation, what is at risk or po	tential benefit, how it is a det	riment to RedR etc.
Are there any further con	siderations or requests relevant to mana	aing the identified conflict of	interest?
Are there any further con	isiderations of requests relevant to mana	ging the identified conflict of	
Management Plan – Lis	t the agreed measures to be put into e	ffect to manage any poten	tial conflict of interest:
	t the agreed measures to be put into e	effect to manage any poten	tial conflict of interest:
	t the agreed measures to be put into e	ffect to manage any poten	tial conflict of interest:
Management Plan – Lis Employee declaration:	t the agreed measures to be put into e	ffect to manage any poten	tial conflict of interest:
Employee declaration:	provided in this document is true and face to implement the above plan.		
Employee declaration: I declare that information Interest Policy and agree	provided in this document is true and fac		
Employee declaration: I declare that information Interest Policy and agree Name: Signature:	provided in this document is true and fac		
Employee declaration: I declare that information Interest Policy and agree Name: Signature: Date: I declare that information	provided in this document is true and fac	ctual. I understand that I am I	bound by the Conflict of

Date: