

**GUIDELINE**

**Title**

**COMPETING INTERESTS**

**Appendix B: Declaration of Competing Interest Form**

**Declaration of Competing Interest**

|  |  |
| --- | --- |
| **Issue** | **Details** |
| Name |  |
| Nature of Competing Interest |  |
| Date when interest commenced |  |
| Interest relevant to what issue? |  |
| How might the Interest affect your capacity to deal with this issue? |  |
| How should Alfred Health manage this interest and the potential for conflict of interest? |  |
| Any other information you consider should be noted? |  |

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