

# Conflict of Interest Declaration and Confidentiality Agreement

## Document Purpose

The purpose of this document is to enable Te Whatu Ora – Health New Zealand, to identify and manage conflicts of interest during a procurement activity to ensure that decisions are made on proper grounds, for legitimate reasons and without bias. Anyone involved in any procurement activity including dispensations and extensions must complete and sign a Conflict of Interest Declaration and Confidentiality Agreement before developing tender documents, joining an evaluation panel or making a decision.

<b>Procurement Lead</b>	
<b>Project Name</b>	
<b>Project Reference Number</b>	

## What is a conflict of interest?

A conflict of interest arises if a person's personal interests or obligations conflict with or could compromise that person's professional responsibilities. In such a situation, that person's independence, objectivity, or impartiality can be called into question. A conflict of interest can be:

- **Actual:** where the conflict already exists;
- **Potential:** where the conflict is about to happen, or could happen; or
- **Perceived:** where other people might reasonably think that a person has been compromised.

## Conflict of Interest Declaration

Do you have any personal interest in the purchasing decision? (e.g., you own shares in a supplier or related company)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Potential
Are you a relative or close friend of someone with a personal interest in the goods or services being purchased or who could be personally affected by the purchasing decision? (e.g., a family member is an employee or shareholder of a supplier)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Potential
Do you have any personal obligations, loyalties or bias that could influence the way you evaluate offers and recommend purchases? (e.g., a close friendship with an employee of a supplier)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Potential
Have you recently been offered any special discounts, gifts, trips, hospitality, rewards, or favours by suppliers of the goods or services being purchased? (e.g., free travel; free samples for your own use)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Potential
Are you aware of anything that could give the appearance that you might be biased towards or against a particular supplier? (e.g., you have expressed strong views about a supplier; you worked for a supplier; you use a supplier's corporate box at a sports event)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Potential

## Details of a Declared Conflict of Interest

**NONE**

## Conflict of Interest Undertaking

- I confirm that I have read and understood the conflict of interest information provided by the Ministry of Business, Innovation and Employment (click [here](#)) and will act in accordance with the guidelines set out for the duration of the procurement activity.

# Conflict of Interest Declaration and Confidentiality Agreement

- I undertake to immediately notify Te Whatu Ora – Health New Zealand of any actual, potential, or perceived conflict of interest which may arise during my involvement with the procurement activity.
- If I am unsure or have any doubt about whether any conflict of interest (actual, potential, or perceived) exists, I will immediately notify Te Whatu Ora – Health New Zealand.

## Confidentiality Undertaking

I am aware that all the procurement activity material (hard & soft copies), including discussions, correspondence and advice is confidential information (**Confidential Information**). I undertake and agree to:

- only use Confidential Information for the purposes of the procurement activity;
- not to divulge Confidential Information to any person not involved in the procurement activity without prior approval of the original holder of the Confidential Information (Te Whatu Ora – Health New Zealand or the respondent as applicable);
- take all reasonable measures to securely store all Confidential Information in my possession;
- return all confidential material to Te Whatu Ora – Health New Zealand, or have the confidential material securely destroyed at the end of my involvement with the procurement activity;
- not to provide comment on the procurement activity or other Te Whatu Ora – Health New Zealand contract activities to anyone outside the procurement activity including the media;
- refer all questions to Te Whatu Ora – Health New Zealand (including where I am unsure or have any doubt about whether any information is Confidential Information); and
- refer all media enquiries to Te Whatu Ora – Health New Zealand.

## Restrictions on contact with suppliers

During the period the procurement activity is open, (including the evaluation and negotiation phases and up until the formal announcement of the successful supplier/s) I undertake not to do any of the following without the prior approval of Te Whatu Ora – Health New Zealand:

- pass information or make comments to any potential supplier about the procurement activity;
- receive any gift, gratuity, hospitality, benefit, or inducement from a potential supplier; or
- meet with a potential supplier to discuss the procurement activity or any other Te Whatu Ora – Health New Zealand contract activities (except for business as usual contact with existing suppliers).

I will immediately advise Te Whatu Ora – Health New Zealand of any requests for information or meetings in relation to the procurement activity that I receive from a potential supplier.

### Declaration

I hereby declare and confirm that the above details are correct to the best of my knowledge and I make this declaration in good faith. I agree to be bound by the above undertakings.

Full Name:

Position:

Organisation:

Role in Activity:

Signature:

Date:

## Conflict of Interest Management Plan

Where any actual, potential, or perceived conflicts of interest have been declared above, the following plan to manage, mitigate or eliminate such conflict will be implemented. This plan considers the likely effect of the conflict of interest on the conflicted person's role and responsibilities in the procurement activity, as well as the risks to Te Whatu Ora – Health New Zealand's processes and reputation.

**To be completed by the Te Whatu Ora – Health New Zealand Procurement Lead:**

### Restrict

*Imposing restrictions on the person's further involvement in the matter.*

[Insert description]

### Recruiting

*Engaging an independent third party to oversee all or part of the process and verify its integrity.*

[Insert description]

### Removing

*Where the person chooses, or is asked, to be removed completely from the matter.*

[Insert description]

### Relinquishing

*Where the person relinquishes the private interest that created the conflict.*

[Insert description]

### Resigning

*Where the person resigns from their position with the agency.*

[Insert description]

### Approval: Conflict of Interest Declarer

I approve the above Conflict of Interest Management Plan.

Name:

Signature:

Date: