

ANNUAL DECLARATION RELATING TO CONFLICTS OF INTEREST

I, *(full name)*, occupying the position of *(name of position)*, authorised on behalf of *(name of accrediting agency to which the declaration relates)*, (the Accrediting Agency), declare that I have read and understood the **ACSQHC's Policy - Approval under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme to conduct accreditations of health service organisations using the Scheme's standards** and the **ACSQHC's Policy – Avoiding and Managing Conflicts of Interest under the Australian Health Service Safety and Quality Accreditation Scheme 2020** (the relevant ACSQHC Policies).

I have made duly diligent inquiries and rely on these inquiries to declare that all members of the governing body of the Accrediting Agency, and all personnel within the Accrediting Agency directly involved in the provision of accreditation assessment services, or responsible for managing those services or personnel, have read and understood the relevant ACSQHC Policies.

My declaration is made considering the specific requirements of these documents, in addition to my own understanding of what might give rise to a conflict of interest or a reasonable apprehension of bias.

PART A

I declare:

1. That over the preceding 12 months the Accrediting Agency, its officers and personnel have met the conditions of approval relating to avoiding and managing actual or perceived conflicts of interest or bias, which are set out in the relevant ACSQHC Policies;

2.1 That currently, or over the following 12 months it is anticipated that, the following actual or perceived conflict/s of interest or bias on the part of the Accrediting Agency, or its officers or personnel, in managing or conducting accreditation assessments, or awarding of accreditation, using the Scheme, arises, or is likely to arise:

Click or tap here to enter text.

(If there are no such conflicts, either current or anticipated, write NIL)

2.2 That the following actions to manage any conflicts of interest or bias set out at 2.1 are being, or will be, taken:

Click or tap here to enter text.

3. That over the preceding 12 months the Accrediting Agency provided non-accreditation assessment services, on a remunerated basis, to the following organisations:

Name of client organisation	Nature of service provided

(If no such services were provided write NIL)

PART B

I understand that the making of this declaration does not affect the requirement to notify the Commission as soon as practicable after the Accrediting Agency becomes aware of any actual or perceived conflict of interest on the part of the Agency or its assessors that arises at any time in managing or conducting accreditation assessments, or awarding of accreditation, using the Scheme.

PART C

I declare that the information provided in this application is correct. I acknowledge that it is an offence under Section 137 of the Criminal Code Act 1995 to provide false or misleading information or documents to the Commonwealth.

Signature:

Name:

Position/title:

Date:

I am authorised by the submitting accrediting agency to make this declaration.