

APPENDIX 2
Declaration and Decision Form

Staff Member's Declaration

Name: _____

Other Employment Details:

I hereby declare that the attached conflict of interest assessment answers are correct to the best of my knowledge and I make this declaration and application for other employment in good faith. I hereby declare that engaging in employment in addition to my position at the Office will not impact on the performance of my duties at the Office. I accept that any approval may be withdrawn should my performance at the Office be impacted through my employment elsewhere.

Signed: _____

Date: _____

Unit Commissioner's Recommendation

I hereby declare that I have received and appropriately noted this application for other employment and conflict of interest declaration.

I SUPPORT / DO NOT SUPPORT this application for other employment

Comments: _____

Signed: _____

Name: _____

Title: _____

Date: _____

Information Commissioner's Decision

I APPROVE / DO NOT APPROVE this application for other employment

Signed: _____

Name: _____

Date: _____

Note: - This form, and the information contained within, will be managed in accordance with the privacy principles in the *Information Privacy Act 2009*