Skills Assure Supplier

Conflict of Interest Management Plan Details

Skills Assure Supplier Conflict of Interest Management Plan

Clause 14 of your 2021-22 Skills Assure Supplier (SAS) Agreement requires you to disclose any conflict of interest (**COI**), or risk of a conflict of interest to the Department immediately.

"Conflict of Interest" means having an interest, affiliation, or relationship, or owing an obligation (whether personal, financial, professional or otherwise) which conflicts, may reasonably have the potential conflict, or may reasonably be perceived as conflicting, with the ability of the Supplier or its Personnel to perform its obligations under the Skills Assure Supplier Agreement/s fairly or objectively.

Where a COI has been identified and declared to the Department, a COI Management Plan must be developed. This includes instances where the following direct conflicts exist:

- 1. Any financial or beneficial interest held by yourself, your partner or dependents in a recruitment agency or labour hire company;
- Any arrangement between the RTO or any directors, shareholders, key personnel
 or related entities of the RTO and a recruitment agency or labour hire company, or
 any directors, shareholders, key personnel or consultants of a recruitment agency
 or labour hire company, involving the referral of students;
- Any arrangement offering valuable consideration with a view to securing the enrolment of a student under the Agreements. Valuable consideration includes, but is not limited to, a financial payment, the offer of a gift, reward, tangible or nontangible benefit.

In all instances it will be necessary to implement a plan to manage your conflict.

It is important to have a clear understanding of what a COI Management Plan is designed to achieve and who will be affected by it.

The plan needs to be tailored to your needs and can be identified by examining the functions of your organisation, the activities performed by staff and external affiliations that may pose a conflict with your obligations as a Skills Assure Supplier.

Please use this reporting document to provide further details of the COI identified, and the methods implemented to manage them. **Please submit one form for each COI identified**.

Submitting this Document

This completed document and any supporting documentation can be submitted to the Department by email to contractmanagement@desbt.qld.gov.au or alternatively, you may post your completed reporting document, along with any supporting documentation to:

Contract Management, Investment Division Department of Employment, Small Business and Training PO BOX 15483 CITY EAST, QLD, 4002



More information

The attached 2021/22 Skills Assure Supplier Guide to Conflict of Interest Management Plans (**Guide**) provides an overview of the ways in which a COI can be effectively managed – whether actual, perceived or potential. This can range from registration of any potential or perceived conflict with the SAS, to removal of the individuals concerned from any relevant decision making relating in the case of a direct conflict.

*** IMPORTANT ***

Prohibited Subcontracts

Prohibited Subcontracts cannot be managed through a COI Management Plan.

Clause 18.7 of the 2021-22 Skills Assure Supplier Agreement defines a Prohibited Subcontract as:

- a) any subcontract or arrangement under which the counterparty (other than the Supplier) undertakes any one of the following activities:
 - Promoting, marketing, or advertising;
 - A. The Program; or
 - B. The Supplier's status as a SAS for the program;
 - ii. Training or business development in respect of activities listed in paragraph a);
 - iii. Recruiting or enrolling Students into Qualifications on the Supplier's Delivery Schedule: or
 - iv. Under which a third party is subcontracted to deliver more than 50% of the Services associated with any Qualification listed in the Delivery Schedule; and
- b) Is any subcontract or arrangement between the Supplier and a Related Party, without the express written consent of the Department (which may or may not be given subject to conditions), acting reasonably; and
- c) Does not include school TPAs.

Skilling Queenslanders for Work

Where the conflict of interest is noted as relating exclusively to delivery under the Skilling Queenslanders for Work (SQW) program, you will be required to complete parts 1, 2, 3 and 7 of this reporting document only.

Please note: You will not be required to provide details of any conflict management strategies or supporting documentation at this stage. The Department will review and confirm your SQW arrangements to ensure the details are consistent with the delivery approved under your agreement. If this is confirmed, the Department will not require any further documentation from you.

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Part 1 – Skills Assure	e Supplier Details			
Legal Name of Skills Assure Supplier				
ACN (if applicable)				
ABN				
RTO Number				
this syn	d to attach further docu	ımen	nts to this reporting document	
Part 2 – Details of the Please provide details				
Organisation:	or the parties involve	ed in the conflict of it	itere	551
ACN:		ABN		
Legal Name:		ABIT		
Relationship/s with S	SAS:			
Details/comments:				
Individual:				
First Name:		Surname	ə:	
Relationship/s with S	SAS:			
First Name:		Surname	e:	
Relationship/s with S				
First Name:		Surname	e:	
Relationship/s with S	SAS:			
Details/comments:				
If required, please duplic				ted to the conflict.
Part 3 – Identify the p	orogram the Conflic	ct of Interest relates	to	
Program/s conflict	User Choice			VETiS □
is related to:	Queensland VET Investment			Other (please specify below)
is related to.	Skilling Queenslanders for Work*			
If your conflict relates Declaration.	to SQW delivery only	y, please provide det	ails	below and then proceed to part 6,

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	pe of Conflict of interest			
Please provide full details of the conflict of interest identified including details about what the conflict relates to, and whether the conflict is Actual, Perceived or Potential.				
•	refer to Guide, Stage1, pages			
To railion information	Actual			
Type of conflict:	Perceived			
. , , , , , , , , , , , , , , , , , , ,	Potential			
Click or tap here to ent		_		
Part 5 – Management				
		the strategy chosen to manage the confiing how this strategy will be implemented		tne
	refer to Guide, Stage 2 pages			
		est Management Plan detailing your o	onflic	ct of
interest management	-			
Register Clic	or tap here to enter text.			
Restrict				
Recruit				
Remove or				
Relinquish				
Resign				
Other	_			
Part 6 – Supporting D				
(* required)	nevant supporting documenta	ation to accompany your submission.		
	ASIC extract of the conflicted	party (where a party to the conflict is a		G
Company other than th		party (misses a party is an estimated a		
*Your Conflict of Intere	st Policy			
*Conflict of Interest Ma	nagement Plan			Ø
*Your Conflict of Intere	*Your Conflict of Interest Register			
Any written agreement	Any written agreements/contract/s associated with conflicted party			9
Copies of company res	olution/s adopting conflict of in	nterest policy		0
Company constitution				0
Other (specify below)			0	
Click here to add text				

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Part 7 – Declaration by Skills Assure Supplier

(this section must be signed by the person with the declared conflict as well as a Director of your organisation or Chief Executive Officer as currently listed on www.training.gov.au)

****IMPORTANT****

- Completion and submission of this form does not constitute the Department's consent to the conflict of interest management plan.
- → In the event the Department does not consider your conflict of interest management plan satisfactory, the Department will communicate with you separately.
- → This form must be accompanied with the required attachments. Incomplete or incorrect forms will be returned to you for completion.
- This form may be executed in counterparts, each of which, taken together, will constitute one form.
- → The witness in this form must not be related to the declaring individual, which is taken to mean any spouse or relative

complete, true and correct:	that all information provided on this form is
Name:	Position:
Signature:	Date:
Witness Name:	
Signature:	Date:
I, Director or Chief Executive Officer as listed on provided to you is complete, true and correct:	www.training.gov.au certify that all information
	www.training.gov.au certify that all information Position:
provided to you is complete, true and correct:	
provided to you is complete, true and correct: Name:	Position:

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