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| **HETI Medical Portfolio**  **Confidentiality Agreement and Conflict of Interest** | | | | | |
| The Health Education and Training Institute is responsible for ensuring the health services it accredits are compliant with the national standards for intern training programs and for communicating these requirements to training facilities.  Conflicts of duty and interest are not always clear and when someone is unsure about a conflict, they should seek advice from HETI. | | | | | |
| 1. **Duties and Interests** | | | | | |
| 1. Please list all facilities/organisations/committees you have an affiliation with that have a potential for conflict with your duties at HETI:  |  |  |  | | --- | --- | --- | | Facility/Organisation/  Committee | Position Held | Comment | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  1. Please list all facilities/organisations/committees your immediate family or people you are closely linked to have an affiliation with that have a potential for conflict with your duties at HETI:  |  |  |  |  | | --- | --- | --- | --- | | Name (optional) | Relationship  to you | Facility/  Organisation/  Committee | Position | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Please describe any other interests or duties where a conflict may exist. | | | | | |
| I agree to:   * 1. assess whether my multiple roles and interests have a potential for conflict with my duties at HETI   2. formally disclose all actual, potential or perceived conflicts of duty and interest to HETI   3. avoid where possible, conflicts of duty and or interest and manage those that cannot be avoided. | | | | | |
| Signature: |  | Name: |  | Date: |  |
| 1. **Confidentiality Declaration** | | | | | |
| I understand that all material viewed by me as a part of my duties at HETI is to be treated confidentially and that no information sent by HETI or seen by committee members should be discussed or distributed to a third party without the prior written permission of the Chair. | | | | | |
| Signature: |  | **Name:** |  | Date: |  |