Conflict of Interest Disclosure Form

Attachment to SDBA Conflict of Interest Policy

Position (or prospective position) (please circle): **Director / Official / Coach / Staff member / Volunteer**

Purpose: This form is intended to identify, disclose, and manage any actual, potential, or perceived conflicts of interest held by anyone working in a paid or volunteer capacity, at Sutherland District Basketball Association (SDBA) to uphold transparency, integrity, and fairness in all decision-making processes.
Refer to the SDBA Conflict of Interest policy for examples of circumstances that create a conflict of interest.

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1. Personal Details

Name: _____

Role (or prospective role): _____

Date: _____

2. Conflict of Interest Disclosure

Please answer the following questions to the best of your knowledge.

A. Do you (or a family member, close friend or close associate) have any financial interest in any organisation (e.g. business, club, vendor) that has dealings with SDBA?

☐ Yes ☐ No

If yes, please provide details:

B. Are you (or a family member, close friend or close associate) involved or affiliated with any basketball association, program, team or player that could be impacted by decisions made in your role (or prospective role)?

☐ Yes ☐ No

If yes, please provide details:

C. Do you hold any other position (paid or unpaid) that may create a conflict of interest in your role (or prospective role)? This includes, but is not limited to, any basketball services, such as private coaching, group sessions, mentorship, school coaching.

☐ Yes ☐ No

If yes, please provide details including any services rendered and whether they are paid or unpaid:

D. Are there any other circumstances not listed above that may give rise to an actual, potential, or perceived conflict of interest?

☐ Yes ☐ No

If yes, please explain:

3. Declaration

I declare that the information provided above is true and complete to the best of my knowledge. I understand my obligation to disclose any conflict of interest and agree to update this form should my circumstances change. I also agree to comply with SDBA's Conflict of Interest Policy, and any decisions made regarding the management of disclosed interests.

Signature: _____

Date: _____

4. For Office Use Only

Received by: _____

Date Received: _____

Action Taken / Notes:

Reviewed By (President or Board Appointed Director):

Name: _____ Signature: _____ Date: _____