

## JCU Nursing and Midwifery PEP Conflict of Interest Form

Students must declare any pre-existing relationships with a placement facility where the relationship may affect the student's PEP performance and/or assessment. The purpose of this form is to allow the Academic Lead: Professional Practice to plan students' PEP to minimise this relationship's potential effect on the student's learning experience, performance, or assessment.

Surname: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Student ID: \_\_\_\_\_ Contact number: \_\_\_\_\_

JCU Email: \_\_\_\_\_

I have been/ will be potentially allocated a placement at:

\_\_\_\_\_

The possible conflict of interest is due to:

CLOSE PERSONAL RELATIONSHIP

Relationship to student: \_\_\_\_\_

Role at the facility: \_\_\_\_\_

WORK EXPERIENCE

Role at the facility: \_\_\_\_\_

INPATIENT EXPERIENCE

Please briefly outline the nature of the conflict/interest

\_\_\_\_\_

\_\_\_\_\_

Please outline proposed arrangements for minimising or managing the conflict/interest (attach separately if appropriate).

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ACADEMIC LEAD: PROFESSIONAL PRACTICE RECOMMENDATIONS

### I have reviewed this disclosure and:

- I believe based on the supporting documentation provided, a conflict of interest exists that may influence the student's learning experience, performance and assessment.
- I do not believe the student has a personal interest that creates a conflict of interest.
- I do not believe the conflict of interest has the capacity to influence the student's conduct, their learning experience, or assessment.
- I believe that it will be possible to develop and execute a conflict of interest management plan to eliminate or manage the conflict of interest.

### Approved plan:

- Supervisor and assessor must be someone other than the person identified on this form
  - Student to be allocated to another facility ( this may require reallocating your PEP)
  - Other
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_