

Confidentiality and Conflict of Interest Agreement

This agreement is made between SA Ambulance Service Community Advisory Committee and the following member of SA Ambulance Service Community Advisory Committee.

.....
Please print full name

I understand that:

'Confidential Information' means all information made available to me as a member of the SA Ambulance Service Community Advisory Committee for the purposes of the Committee, whether orally or in writing, or by any other means whatsoever, and includes information that:

- > is by its nature confidential; or
- > is designated by SA Ambulance Service as confidential; or
- > I know or ought to know is confidential;

It does not include information which:

- > is in my possession without restriction in relation to disclosure before the date of receipt from SA Ambulance Service or
- > has been independently developed or acquired by me

'Conflict' includes any conflict of interest, any risk of a conflict of interest and any apparent conflict of interest arising through my engaging in any activity or obtaining any interest that is likely to conflict with or restrict me as a member in performing the work of the Committee fairly and independently

'Member' includes a Proxy for the Member.

1. CONFIDENTIALITY

I undertake:

- > Not to disclose Confidential Information to any person other than current members of the Committee, without prior approval of the SA Ambulance Service Community Advisory Committee through the Chairperson
- > Not to use any Confidential Information except for the purpose of fulfilling my duties as a member of the Committee

SA Ambulance Service Community Advisory Committee

2. CONFLICT OF INTEREST

I attest that:

- > To the best of my knowledge and after making diligent inquiry, at the date of signing this Agreement, no conflict of interest exists or is likely to arise in the performance of my duties as a member of the Committee
- > If, during the period of the my appointment to the Committee, a conflict arises in respect of my membership, I will:
 - a) At the beginning of the relevant meeting/discussion, identify the item where a conflict of interest is likely to arise and withdraw from any discussion or decision concerning such a matter
 - b) If there is a major conflict which is likely to affect my ongoing capacity to contribute as a member, I will immediately notify SA Ambulance Service Community Advisory Committee through the Chair in writing and take such steps as SAAS may deem reasonably required to resolve or otherwise deal with the conflict.

If I fail to notify the SA Ambulance Service Community Advisory Committee of a conflict or am unable or unwilling to resolve or deal with the conflict as required by SA Ambulance Service, SA Ambulance Service may terminate my appointment to the Committee.

Member Name:

Member Signature: Date: ____/____/20____

Proxy Name:

Proxy Signature: Date: ____/____/20____

Witness Name:

Witness Signature: Date: ____/____/20____

For more information

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