

JCUNursingandMidwifery PEPConflict 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: _____
StudentID: _____ 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



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

Signature: _____ Date: _____