

Australian Institute of Training and Development (AITD)
Application for Secondment to an AITD Divisional Council

Name:	
Company / Organisation name:	
Position Title:	
Postal address:	
Email:	
Phone:	

I bring the following formal qualifications to the Divisional Council:

I bring the following experience and skills to the Divisional Council:

My ambitions and beliefs as an AITD Divisional Council member are:

Disclosure of Actual, Potential and Perceived Conflicts of Interest*

Council Members have a responsibility to conduct themselves without conflict to the interests of AITD. A conflict of interest is a transaction or relationship which presents or may present a conflict between a Council Member's obligations to AITD and their personal, business or other interests. All conflicts of interest are not necessarily prohibited or harmful to AITD. However, full disclosure of all actual, potential and perceived conflicts is required by all nominees for AITD Divisional Council.

Name of Organisation / Company / Association / Interest	Description of your involvement <i>(e.g. member, employee, director, volunteer, committee member)</i>	Period of association <i>(e.g. 2015-present)</i>

*Definitions

- **Conflict of interest:** An interest that may affect, or may appear reasonably likely to affect, the judgement or conduct of a Council Member, or may impair their independence or loyalty to the AITD. A conflict of interest can arise from gaining personal advantage or avoiding personal losses (financial or otherwise) and may not only involve the Council Member, but also their relatives, friends or business associates.
- **Interest:** Anything that can have an impact on an individual or a group.
- **Pecuniary Interest:** An interest that a Council Member has in a matter because of a reasonable likelihood or expectation of appreciable financial gain or loss to the Council Member or another person with whom the Council Member is associated.
- **Perceived conflict of interest:** Arises where a third party could form the view that a Council Member's private interests could improperly influence their role on the Council.
- **Potential conflict of interest:** Arises where a Council Member has private interests that could conflict with their responsibilities.
- **Private interests:** Includes not only a Council Member's own personal, professional or business interests, but also those of their relatives

Consent and Declaration

I hereby request to be seconded to a position on the AITD Divisional Council in the following Division:

ACT NSW VIC/TAS QLD/NT SA WA

I declare that the information provided on this form is accurate and complete to the best of my knowledge.

I confirm that I have disclosed all relevant interests that may influence or perceive to influence my role on Council.

I understand that if I am selected as an AITD Divisional Council Member, I am required to act in the best interests of AITD and its members at all times; to follow the AITD values and behaviours; and to abide by the AITD code of conduct.

I commit to ensuring I remain a financial member of AITD throughout the Council term (1 September 2020 to 31 August 2021).

Name: _____ AITD Member #: _____

Signed: _____ Date: _____

Please return this form to:

POST: Suite 111, 410 Elizabeth Street, SURRY HILLS NSW 2010 or **EMAIL:** admin@aitd.com.au