



2024 DECLARATION OF INTEREST FORM

Date:	, 2026
Name:	
Role:	
Name of all businesses in which I am a proprietor or sole owner	
Name of all charities/trusts which I am currently employed/volunteer for	
Details of all companies / organizations of which I am a member AND have a position of general control or management	
Details of any affiliation with people / organizations who have interest in providing services to WACC	
Details of any affiliation to any staff member of WACC	
Affiliation with any person who is involved or is party to any pending legal proceedings against WACC	
Affiliation to any vendor, supplier, or any other party providing or bidding for providing services, having a direct or indirect interest in any business transaction(s), agreement, investment with WACC	
Involved in any business dealings or transaction with a vendor, supplier or any other party which could result in benefit to me	

Details disclosed in this form will be available for all WACC staff purchasing goods or services on behalf of the organization. Please indicate that you are content with the above information being shared in this way.

I am content that the above details will be available to WACC personnel.

YES		NO	
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If no, please outline the confidentiality of this declaration:

I undertake to notify the WACC General Secretary of:

- (a) Any changes in the facts set out above; and
- (b) Any further acquisition of any interest, direct or indirect in a contract or proposed contract.

NAME: _____
(please print)

RECEIVED BY: _____
WACC General Secretary

SIGNED: _____

DATE: _____