

As part of the **Wild Dog Scalp Bounty Program**, you are invited to nominate yourself to act as a **Nominated Scalp Collector**. This role involves receiving, verifying, and certifying scalp claims and requires compliance with all relevant policy requirements, including the declaration and management of any actual, perceived, or potential conflicts of interest.

You must not certify scalps from properties you own, co-own, lease, manage, or where you have a financial or personal interest.

SECTION 1: NOMINATED SCALP COLLECTOR DETAILS			
Full name:			
Address:			
Property Name(s) Owned or Managed (if any):			
Phone:		Email:	

SECTION 2: NOMINATION
<p><input type="checkbox"/> I nominate myself to act as a Nominated Scalp Collector for the purpose of receiving, verifying, and certifying wild dog scalp claims under Maranoa Regional Council’s Wild Dog Scalp Bounty Program.</p> <p>I acknowledge that this role requires me to comply with all relevant policy requirements, including:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The accurate verification and documentation of scalp claims</li><li><input type="checkbox"/> Submission of photographic evidence with each claim (preferably with time/date/location stamp)</li><li><input type="checkbox"/> Declaration and management of any actual, perceived, or potential conflicts of interest</li><li><input type="checkbox"/> I will not certify scalps from properties I own, co-own, lease, manage, or have a financial or personal interest in*</li></ul> <p><small>*Delegated Council Officers can verify scalps collected on properties under your ownership/management/financial or personal interest</small></p>

SECTION 3: CONFLICT OF INTEREST TYPE AND CATEGORY			
Type of conflict being declared:	<input type="checkbox"/> Actual – My private interest currently affects my role.	Conflict category (tick if applicable):	<input type="checkbox"/> Property ownership (cannot verify scalps from own property)
	<input type="checkbox"/> Perceived – There could be a perception that my interests affect my role.		<input type="checkbox"/> Personal or professional relationship with a claimant
	<input type="checkbox"/> Potential – My private interests could affect my role in the future.		<input type="checkbox"/> Financial or other private interest
	<input type="checkbox"/> No conflict of interest		<input type="checkbox"/> Employment or business conflicts
	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____

**SECTION 4: CONFLICT DETAILS** *(Complete if declaring a conflict above)*

Please describe the situation or circumstances that may result in a conflict of interest (include names or properties if relevant):

Is the conflict of a material and/or an ongoing nature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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**SECTION 5: PROPOSED MANAGEMENT PLAN** *(Required if conflict declared above)*

Please outline how you will manage or avoid this conflict. Include steps to ensure you will not certify scalps from properties or individuals where a conflict exists.:

**SECTION 6: DECLARATION**

I declare that:

- I have read and understood the requirements regarding conflicts of interest under Council policy.
- I agree not to sign off or verify any scalps submitted from properties that I own, co-own, lease, or manage (whether in a personal or business capacity).
- I agree not to sign off or verify any scalps submitted by immediate family members or individuals with whom I have a close personal or financial relationship, where an actual, potential, or perceived conflict of interest exists and cannot be appropriately managed.
- I will disclose any change in circumstance that may give rise to a conflict within fourteen (14) days.
- I understand that failing to declare and appropriately manage a conflict of interest may result in my removal from the role of Nominated Scalp Collector.

Signature:		Date:	
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