



## Government of the Virgin Islands Private Interest Application Form - Instructions Sheet

---

**Read the following instructions and information carefully before completing this application.** A separate form must be submitted for each private interest activity or outside employment. Questions must be answered completely and accurately as the information provided will be used to facilitate the decision-making process. *Please note that applications from Officers with pending disciplinary matters will not be considered until the matter has been concluded.*

For full details of the conflict of interest policy, refer to Public Service Management Code Sections 7.20, 7.21, 7.24, 7.25, 7.26 and 7.27 and Human Resources Policy - Conflict of Interest.

### **WHO SHOULD COMPLETE THIS FORM?**

In compliance with the Government of the Virgin Islands' Conflict of Interest policy and Public Service Management Code, public officers are required to seek approval to engage in any private interest activity or outside employment. This application form should be completed by public officers who are applying for permission to engage in a private interest activity or outside employment.

### **HOW DO I COMPLETE THIS FORM?**

#### **Part A. Application Details and Declaration**

---

This part must be fully completed by the applicant seeking approval to engage in a private interest activity or outside employment. It includes three sections: A. *Applicant Information*; B. *Private Interest Details*; and C. *Declaration*.

Once this part is completed, the form should be submitted to the Head of Department for his/her review and recommendation; or the Permanent Secretary, whichever the case may be (*see below*).

#### **Part B. Review and Recommendations**

---

This part includes sections to be completed by the applicant's Head of Department and Permanent Secretary.

##### **Section D: Head of Department/Permanent Secretary's Review**

This section is to be completed by the Head of Department or Permanent Secretary. In cases where:

- (a) a Head of Department is submitting an application, the Permanent Secretary must complete this review;
- (b) a Permanent Secretary is submitting an application, the Deputy Governor will complete this review.

##### **Section E: Head of Department's Recommendation**

This section is to be completed by the Head of Department.

##### **Section F: Permanent Secretary's Recommendation**

This is to be completed by the Permanent Secretary.

#### **Part C. Approvals**

---

Applications may be approved at various levels. For applications from public officers appointed as Heads of Department or Permanent Secretaries, final approval will be made by the Governor. All other applications will be approved by the Deputy Governor. Once a final decision is made, the applicant will be informed of the decision and of any conditions that may apply (*refer to Public Service Management Code Sections 7.20, 7.21, 7.24, 7.25, 7.26 and 7.27 and Human Resources Policy – Conflict of Interest*).

### **HOW DO I SUBMIT MY FORM?**

Once Parts A and B are fully completed and signed by all parties, submit this form with a current Performance Appraisal to the Department of Human Resources at the address below:

Department of Human Resources  
2<sup>nd</sup> Floor Simms Building  
Road Town, Tortola VG 1110  
British Virgin Islands



# GOVERNMENT OF THE VIRGIN ISLANDS

## PRIVATE INTEREST APPLICATION FORM

### PART A. APPLICATION DETAILS AND DECLARATION

This application form should be completed by officers who are seeking permission to engage in a private interest activity or seeking approval for outside employment. A separate form must be submitted for each private interest activity. **Read the Instructions Sheet before completing this form.**

Date: \_\_\_\_\_

#### SECTION A - APPLICANT INFORMATION

Mr.     Ms.     Mrs.     Dr.     Other (Specify) \_\_\_\_\_

Name: \_\_\_\_\_

Post: \_\_\_\_\_ Grade: \_\_\_\_\_

Ministry: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of present appointment: \_\_\_\_\_

Describe the main duties and responsibilities of your present position: \_\_\_\_\_

\_\_\_\_\_

#### SECTION B - PRIVATE INTEREST DETAILS

Answer all questions as thoroughly as possible and use additional paper, if necessary. After completing and signing this section, please forward to your Head of Department for completion.

Type of Activity:     Private Interest     Outside Employment

1. Name of Business: \_\_\_\_\_

2. Physical Address of Business: \_\_\_\_\_

3. Description of this activity (Provide a brief outline of the type/nature of the activity including services to be offered or work to be carried out):

\_\_\_\_\_

4. Will this activity be engaging in business or quasi-business with the Government of the Virgin Islands?

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

5. Describe your role/involvement in this activity:

\_\_\_\_\_

\_\_\_\_\_

6. How many hours per day and per week will work be carried out for this activity?

7. When will the private interest activity be conducted (including normal working hours, evenings, weekends, vacation):

8. List tools, equipment and machines that are required in carrying out this activity:

\_\_\_\_\_

\_\_\_\_\_

9. Describe the working conditions of, and hazards related to, this activity:

---

---

10. Will staff be hired for this activity?  Yes  No

If Yes, how many and in what job capacity (e.g. manager, sales representative, cashier)?

No. of staff: \_\_\_\_\_

Job Capacity: \_\_\_\_\_

---

---

11. Are any other persons/Public Officers expected to be involved in this activity?  Yes  No

If yes, please provide the following information (please check the box of those persons who are Public Officers) :

Name: \_\_\_\_\_  Public Officer

Name: \_\_\_\_\_  Public Officer

*N.B. Please note that if other public officers are involved in the private interest activity, all applications are to be submitted at the same time for approval.*

12. Have you been approved previously for any other activity?  Yes  No

If yes, list those activities, indicate the status and hours per week spent on this activity.

*Attach additional sheets if necessary.*

Activity \_\_\_\_\_ Status:  Active  Inactive Hrs per week: \_\_\_\_\_

Activity \_\_\_\_\_ Status:  Active  Inactive Hrs per week: \_\_\_\_\_

Activity \_\_\_\_\_ Status:  Active  Inactive Hrs per week: \_\_\_\_\_

**SECTION C - DECLARATION**

I, \_\_\_\_\_, do solemnly declare that all statements made and all information contained herein are true and accurate to the best of my knowledge and belief, and that if there is any material change in the activity in which I am engaged that may give rise to a breach of Public Service Management Code, I will immediately declare it in writing. I make this declaration having read and understood Public Service Management Code Sections 7.20, 7.21, 7.24, 7.25, 7.26 and 7.27, and being fully aware that any misrepresentation of the facts, any misstatements or failure to disclose by me complete information may result in disciplinary action against me.

I understand that the following conditions apply to the approval of the activity described above:

- I may not use my position as a public officer in a manner that is motivated by the desire for improper private gain for myself or persons with whom I have family, business or financial ties. I must also avoid actions that give the appearance of such a manner.
- I may not engage in any activity on Government work time or use any equipment, facilities, services or supplies (including computers, software, reproduction equipment, telephones, mail service, stationery etc.) in connection with my proposed activity.
- I may not use the name, seal or letterhead of any Government Ministry/Department in the conduct of my proposed activity.
- I will not represent any business in which I have a private interest activity to the Government of the Virgin Islands nor will I represent the Government to such business.
- I will immediately declare if I am injured or become ill as a result of the private interest activity/outside employment.
- I acknowledge that I must complete the Conflict of Interest Disclosure Form upon a significant change in the nature of this activity or in my official position. I will also provide notification to the Director of Human Resources if this activity is terminated or becomes inactive.
- I will not engage in this activity which might bring me as a public officer or the Government of the Virgin Islands into disrepute; which may conflict with my duty as a public officer and will not use my knowledge of confidential plans, projects or information in this activity or otherwise engage in this activity in such a manner as to make me unavailable to performing duties as a public officer.

Signature: \_\_\_\_\_

Date: DD MM YYYY

**Once completed, forward this form to your Head of Department for completion/further action.**

## PART B. REVIEW AND RECOMMENDATIONS

As a supervisor, your obligation and the duty of the officer seeking the private interest activity/outside employment are first and foremost to the Government of the Virgin Islands and the successful accomplishment of its mission. If the private interest activity/outside employment is approved, it is part of your supervisory responsibilities to monitor the officer's performance and compliance with applicable policies, regulations and laws.

A private interest activity/outside employment conflict with official duties if it is prohibited by law or regulation, or it would require the officer's recusal from matters so central and critical to the performance of his/her official duties that the officer's abilities to perform the duties of his/her position would be materially impaired.

### Consider the following when reviewing this request:

- Is there potential for the private interest activity/outside employment to conflict or be perceived to conflict with his/her duties and responsibilities?
- Are there potential benefits for the officer now or in the future that could cast doubt on his/her objectivity on the job?
- Perception is important. How will the officer's involvement in the decision/action be viewed by others?
- Will the information conveyed through the private interest activity/outside employment draw substantially on ideas or official data that are not public information?
- Does the subject matter relate to any matter(s) to which the officer is presently assigned or has been assigned during the previous one-year period; or to any ongoing or announced policy, program or operation of the Ministry/Department?

An assessment must be conducted before consideration is given towards recommending the approval of this private interest activity/outside employment to determine if it is too closely related to the officer's official duty, and if the activity is not appropriate as a private interest activity/outside employment.

## SECTION D - HEAD OF DEPARTMENT/PERMANENT SECRETARY'S REVIEW

*The Head of Department of the officer seeking approval for a private interest activity or outside employment should answer all questions listed below, make a recommendation as appropriate and forward the completed application through the Permanent Secretary to the Department of Human Resources. Permanent Secretaries should complete this section if a HOD is submitting an application. The Deputy Governor should complete this section if a Permanent Secretary is submitting an application.*

How does the proposed activity relate to current/future work assignments of the officer? Is there an overlap between the proposed activity and the officer's duties?

Are there any disciplinary matters pending against this officer?  Yes  No If yes, explain: \_\_\_\_\_

## SECTION E - HEAD OF DEPARTMENT'S RECOMMENDATION

*I have reviewed, and discussed, the Conflict of Interest policy and Public Service Management Code Sections 7.20, 7.21, 7.24, 7.25, 7.26 & 7.27 with the officer and my recommendation is as follows:*

- I consider that this activity constitutes a conflict of interest for the following reasons:
- I do not consider that this activity will create a conflict of interest with expected duties.
- I recommend that this application be approved subject to the following conditions, limitations, or restrictions:

*I declare that if approval is given to continue in this private interest activity or outside employment, I will monitor performance and notify the Department of Human Resources of any changes to his/her duties/responsibilities or if it is perceived that this activity is interfering with the performance of his/her duties/responsibilities.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: DD MM YYYY

**SECTION F - PERMANENT SECRETARY'S RECOMMENDATION**

*I have reviewed the Conflict of Interest Policy and Public Service Management Code Sections 7.20, 7.21, 7.24, 7.25, 7.26 & 7.27 and my recommendation is as follows:*

I consider that this activity constitutes a conflict of interest for the following reasons:

I do not consider that this activity will create a conflict of interest with expected duties.

I recommend that this application be approved subject to the following conditions, limitations, or restrictions:

*I declare that if approval is given to continue in this private interest activity or outside employment, I will monitor performance and notify the Department of Human Resources of any changes to his/her duties/responsibilities or if it is perceived that this activity is interfering with the performance of his/her duties/responsibilities.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: DD MM YYYY

**Submit this completed form to the Department of Human Resources.**

**PART C. APPROVALS**

**TO BE COMPLETED BY THE DIRECTOR OF HUMAN RESOURCES**

Supported                       Not Supported                       Returned for more information  
 Supported subject to the conditions specified below.

Comments/conditions:

Signature: \_\_\_\_\_ Date: DD MM YYYY

**TO BE COMPLETED BY THE DEPUTY GOVERNOR**

Approved                       Not Approved  
 Approved subject to the conditions specified below.

Comments/conditions:

Signature: \_\_\_\_\_ Date: DD MM YYYY

*If the applicant is a Permanent Secretary or Head of Department, this form should be forwarded to the Governor for approval.*

**TO BE COMPLETED BY THE GOVERNOR**

Approved                       Not Approved  
 Approved subject to the conditions specified below.

Comments/conditions:

Signature: \_\_\_\_\_ Date: DD MM YYYY