



Integrity policy

Section 1 - Preamble

(1) This Policy is effective from 25 September 2017.

(2) This Policy includes the following schedule:

- a. [Schedule A: Integrity Framework](#).

Section 2 - Purpose

(3) This Policy sets out the University's principles for maintaining a high level of integrity in all aspects of University operations.

Section 3 - Scope

(4) This Policy applies to all staff and associates of the University.

Section 4 - Policy

Commitments

(5) The University is committed to upholding moral and ethical standards in day-to-day conduct and ensuring that decision making and actions are undertaken with honesty and transparency and are not influenced by personal or private interests.

(6) The University will ensure that:

- a. integrity is supported through policies and procedures
- b. all staff and associates are appropriately trained in integrity and are familiar with relevant policies and available support
- c. opportunities for unlawful and/or unethical behaviour are minimised.

(7) The University will respond to allegations that staff or associates have breached integrity in a fair, consistent, transparent and timely manner, and apply outcomes appropriately.

(8) [Schedule A: Integrity Framework](#) lists:

- a. key processes
- b. integrity related policies across academic, research, human resources and other related activities.

Training for staff and associates

(9) The Risk and Compliance Unit will ensure that a University-wide training program is provided for staff.

(10) All staff and associates must complete induction and ongoing integrity training as prescribed by the University.

Reporting of unlawful and/or unethical conduct

(11) If staff and associates suspect unlawful and/or unethical conduct that may damage the University's integrity, they are encouraged to report the matter to the Implementation or Responsible Officer for the University's relevant policy and/or procedure as listed in [Schedule A: Integrity Framework](#).

(12) Implementation or Responsible Officers for University policies and/or procedures will ensure that any reported matters with a material effect on the University's integrity are appropriately reported to the Vice-Chancellor or the Audit and Risk Committee.

(13) Staff and associates may contact DeakinLegal if they are not sure of an avenue for reporting and handling of unlawful and/or unethical conduct.

(14) Staff and associates who identify unlawful and/or unethical conduct that constitutes a non-compliance must report it and take appropriate action in accordance with the [Compliance Management policy](#).

(15) Staff who identify a non-compliance or unlawful and/or unethical conduct and fail to report it may be subject to disciplinary action in accordance with the [Staff Discipline policy](#).

Confidentiality

(16) Staff and associates may make a confidential or anonymous disclosure about unlawful and/or unethical conduct to DeakinLegal.

(17) All staff and associates who access confidential and personal information in the course of handling potential and actual breaches or unlawful and/or unethical conduct must comply with the requirements of the [Privacy policy](#).

(18) If staff and associates wish to make a confidential, anonymous, and/or protected disclosure about corrupt or dishonest conduct by the University or its staff or associates, they should make the disclosure directly to the [Independent Broad-based Anti-Corruption Commission \(IBAC\)](#) as stipulated in the [Public Interest Disclosures procedure](#).

Investigation and remediation of unlawful and/or unethical conduct

(19) Investigation and remediation may be undertaken in accordance with any University policies and/or procedures dedicated to a particular type of unlawful and/or unethical conduct.

(20) Staff and associates will apply the [Compliance Management policy](#) to coordinate investigations and remedial actions for non-compliance unless there are existing University policies and/or procedures dedicated to a particular type of non-compliance.

(21) At any time, reporting and investigation of unlawful and/or unethical conduct should be kept confidential and may be disclosed to others on a 'need-to-know' basis only.

(22) The Chief Financial Officer will lead all aspects of an investigation other than in the case of Academia and Research. In the event that an investigation spans multiple areas of responsibility the Chief Financial Officer will lead all aspects of the investigation.

Section 5 - Procedure

(23) Refer to the [Compliance Management policy](#).

Section 6 - Definitions

(24) For the purpose of this Policy:

- a. associates: Contractors, consultants, volunteers, visiting appointees and visitors to the University.
- b. breach: A breach is an unintentional or deliberate act or omission which leads to the University and/or staff member(s) failing to meet their compliance obligations.
- c. Implementation Officer: A practice leader and Manager, at HEW level 9 or above, who is assigned by the Responsible Officer to lead the development, implementation and review of the relevant policy or procedure.
- d. integrity: Integrity refers to the consistent application of moral and ethical standards in day-to-day conduct with a strong drive to prevent and address improper conduct as an individual and organisation. It means decision making and actions are undertaken with honesty and transparency and that are not influenced by personal or private interests.
- e. Responsible Officer: An Executive member or a Senior Manager who owns and is accountable for a particular policy or procedure that falls under an area of operation in their jurisdiction.
- f. staff: A member of the academic or professional staff, executive or honorary staff member.

Status and Details

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