

## **Code of Conduct and Ethics Form** *for Board Members*

### **About this form**

The Board commits itself and its members to ethical, business-like, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board members. Accordingly, all Board members must sign this Code of Conduct and Ethics Form at the beginning of their Term of Office or at the Orientation Seminar and adhere to the Code throughout their service on the Board.

In accordance with the Companies Act, Board members must act honestly and in good faith and in what the Board member believes to be the best interests of the School. In the performance of their functions Board members are to have regard to the interests of parents and faculty members of the School.

Consequently, the Board expects its individual members to adhere to the highest ethical standards in their dealings with the School Community, and to carry out their duties in a fair and impartial manner.

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As a member of the Board of the International School of Tanganyika, I,

**Name Board member:** \_\_\_\_\_,

will strive to improve our school, and to that end I will:

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- 1** Demonstrate loyalty to the interests of the School, while having regard to the interests of members of the Company. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other Boards or staffs. It also supersedes the personal interest of any Board member acting as a consumer of the School's services;
- 2** Encourage the free expression of opinion by all Board members, and seek constructive communications between the Board and the School Community;
- 3** Show impartiality in making decisions, keeping in mind the overall goal of the School, its students, teachers, parents and management;
- 4** Refrain from exercising individual authority over the Board or the School in interactions with the Director, the School Community, public, press, or other entities except as explicitly set forth in Board policies;
- 5** Refrain from giving voice to individual judgments of other Board members, Director or Staff performance to the School Community, public, press, or other entities;
- 6** Acknowledge that the authority of the day-to-day management of the School is delegated to the Director;
- 7** Declare conflicts of interest;
- 8** Inform myself about current educational issues by individual study and through participation in training for Board members provided by the School; and
- 9** Take no private action that will bring the Board or School into disrepute.

Signature of Board member: \_\_\_\_\_ Date: \_\_\_\_\_

## Conflict of Interest Disclosure Form *for Board Candidates*

### About this form

Board members must be free of conflict of interest. This Conflict of Interest Disclosure Form is designed to identify and disclose actual, potential or perceived conflicts in an effort to properly manage them. It is recognised that it is not always possible to avoid a conflict of interest and that not all conflicts of interest are necessarily harmful to the School. If an actual, potential or perceived conflict of interest is identified, disinterested Board members shall determine whether or not a conflict of interest exists.

All Board members must on first appointment and at least once every year thereafter for the duration of the term of appointment, or at any time when circumstances change, submit a Conflict of Interest Disclosure Form to the Board.

The information on this form is considered confidential and is solely for recording by the Board and disclosure to external auditors. Release to other external parties will be only when required by law and/or federal regulations.

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As a candidate nominated for the Board of the International School of Tanganyika, I,

**Name Candidate:** \_\_\_\_\_,

herewith submit the following statements and undertakings to the Board for recording and disclosure to external auditors.

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- 1** Are you or a member of your immediate family an **officer, director, trustee, partner** (general or limited), **employee or** regularly retained **consultant** of any company, firm or organization that presently has business dealings with the School; which might reasonably be expected to have business dealings with the School in the coming year, or which has objectives or activities similar to those of IST?

Yes \_\_\_\_ No \_\_\_\_

If yes, please list the name of the company, firm or organization, the position held, and the nature of the business:

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- 2** Do you or a member of your immediate family have a material **financial** interest, direct or indirect, in a company, firm or organization which currently has business dealings with the School; which might reasonably be expected to have business dealings with the School in the coming year; or which has objectives or activities similar to those of IST?

Yes \_\_\_\_ No \_\_\_\_

If yes, please list the name of the company, firm or organization, the position held, and the nature of the business:

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- 3 Do you or a member of your immediate family have accepted **gifts**, gratuities, money, commissions, lodging, dining, entertainment or other favours from any party in respect or in relation to any dealings with the School?  
Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details below:

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- 4 Do you or a member of your immediate family have any other interest, role or relationship which might reasonably be expected to create an impression or suspicion of a conflict of interest among the public?  
Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details below:

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My answers to this Conflict of Interest Disclosure Form are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to the School or the Board, I recognize that I have the obligation to notify the Chair of the Board. If any relevant changes occur in my affiliations, duties, or financial circumstances, I recognize that I have a continuing obligation to file an amended Conflict of Interest Disclosure Form with the appropriate designated office.

Signature of Board Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

## Conflict of Interest Disclosure Form *for Board Members*

### About this form

Board members must be free of conflict of interest. This Conflict of Interest Disclosure Form is designed to identify and disclose actual, potential or perceived conflicts in an effort to properly manage them. It is recognised that it is not always possible to avoid a conflict of interest and that not all conflicts of interest are necessarily harmful to the School. If an actual, potential or perceived conflict of interest is identified, disinterested Board members shall determine whether or not a conflict of interest exists.

All Board members must on first appointment and at least once every year thereafter for the duration of the term of appointment, or at any time when circumstances change, submit a Conflict of Interest Disclosure Form to the Board.

The information on this form is considered confidential and is solely for recording by the Board and disclosure to external auditors. Release to other external parties will be only when required by law and/or federal regulations.

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As a Board Member of the International School of Tanganyika, I,

**Name Board Member:** \_\_\_\_\_,  
herewith submit the following statements and undertakings to the Board for recording and disclosure to external auditors.

1. Are you or a member of your immediate family an **officer, director, trustee, partner** (general or limited), **employee or** regularly retained **consultant** of any company, firm or organization that presently has business dealings with the School; which might reasonably be expected to have business dealings with the School in the coming year, or which has objectives or activities similar to those of IST?

Yes \_\_\_\_ No \_\_\_\_

If yes, please list the name of the company, firm or organization, the position held, and the nature of the business:

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2. Do you or a member of your immediate family have a material **financial** interest, direct or indirect, in a company, firm or organization which currently has business dealings with the School; which might reasonably be expected to have business dealings with the School in the coming year; or which has objectives or activities similar to those of IST?

Yes \_\_\_\_ No \_\_\_\_ If yes, please list the name of the company, firm or organization, the position held, and the nature of the business:

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3. Do you or a member of your immediate family have accepted **gifts**, gratuities, money, commissions, lodging, dining, entertainment or other favours from any party in respect or in relation to any dealings with the School?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details below:

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4. Do you or a member of your immediate family have any other interest, role or relationship which might reasonably be expected to create an impression or suspicion of a conflict of interest among the public?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details below:

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My answers to this Conflict of Interest Disclosure Form are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to the School or the Board, I recognize that I have the obligation to notify the Chair of the Board, and to abstain from any participation in the matter until the Board can determine whether a conflict exists and how that conflict shall be resolved. If any relevant changes occur in my affiliations, duties, or financial circumstances, I recognize that I have a continuing obligation to file an amended Conflict of Interest Disclosure Form with the appropriate designated office.

Signature of Board Member: \_\_\_\_\_ Date: \_\_\_\_\_



**Nomination Form**  
**for election to the IST Board**  
*at the AGM on \_\_\_\_\_*  
*or at any adjournment hereof*

**Section 1 – to be completed by Candidate**

I, (name Candidate:) \_\_\_\_\_, accept this nomination.

Mobile phone: \_\_\_\_\_

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

Nationality: \_\_\_\_\_

Grades of child(ren) at IST next school year: \_\_\_\_\_

Length of expected further residence in Dar es Salaam: \_\_\_\_\_

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Special skills: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2 – to be completed by Proposer**

Name of Proposer: \_\_\_\_\_

Mobile phone of Proposer: \_\_\_\_\_

Email of Proposer: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3 – to be completed by Seconder**

Name of Seconder: \_\_\_\_\_

Mobile phone of Seconder: \_\_\_\_\_

Email of Seconder: \_\_\_\_\_

Signature of Seconder: \_\_\_\_\_ Date: \_\_\_\_\_

This form is to be submitted to Mrs. Nanji at the Director's Office (Administration Building, IST Elementary) by 1pm on \_\_\_\_\_



**Proxy Form**  
**for the Annual General Meeting**  
*on \_\_\_\_\_*  
*or at any adjournment hereof*

**International School of Tanganyika**

"I \_\_\_\_\_ of(organisation, address) \_\_\_\_\_ being a member of the International School of Tanganyika, hereby appoint, \_\_\_\_\_ of (organisation, address) \_\_\_\_\_ as my proxy to vote for me and on my behalf at the ordinary General Meeting of the Company to be held on the \_\_\_\_\_ day of \_\_\_\_\_ and at any adjournment thereof".

Signed this \_\_\_\_\_ day of \_\_\_\_\_

(Signature) \_\_\_\_\_

United Nations Road  
P.O. Box 2651, Dar es Salaam, Tanzania  
Phone: (255 22) 215 1817/8  
Fax: (255 22) 215 2077

## Policy Proposal Form

### About this form

Through this form you may propose a new policy or a revision of a current policy for the School Policy Manual of the International School of Tanganyika. Proposals for new policies or revisions of current policies may be made in writing by anyone within the School Community, either as an individual or on behalf of a group, including a student, a parent, a member of the school staff, a member of the Board or the Director. Action on such proposals, whatever their source, is taken finally by the Board in accordance with Board Policy and the Articles of Association.

**Topic:** \_\_\_\_\_

**Section of Policy Manual:** \_\_\_\_\_

**New Policy or Policy Review:** \_\_\_\_\_  
(please indicate)

**Why policy is needed:** \_\_\_\_\_  
(or why policy review is needed)

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**Key points to be covered:** \_\_\_\_\_

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**Policy need identified by:** \_\_\_\_\_  
(please indicate your position,  
e.g. student, parent, teacher)

Name of Proposer: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_