

CMRI WHISTLEBLOWER POLICY
Effective 1st January 2020

1. POLICY

1.1. Children's Medical Research Institute (**CMRI**) is committed to the highest standards of conduct and ethical behaviour, research integrity and good corporate governance and to operating:

1.1.1. legally and in accordance with applicable legislation and regulations;

1.1.2. properly, in accordance with organisational policy and procedures; and

1.1.3. ethically, in accordance with recognised ethical principles.

including:

1.1.4. supporting Whistleblowers (as that term is defined at clause 3.1) to make reports based on reasonable grounds of Reportable Conduct (as that term is defined at clause 4) involving CMRI's activities, including its scientific research;

1.1.5. ensuring that any Whistleblower who makes a report based on reasonable grounds to assist in maintaining the legal, proper and ethical operations of the Institute, can do so:

1.1.5.1. anonymously if they wish;

1.1.5.2. without fear of intimidation, disadvantage or reprisal; and

1.1.5.3. without being penalised in any way.

1.2 Officers, Directors, employees and other associates of CMRI are required to cooperate with this commitment by maintaining legal, proper and ethical operations, and if necessary, by reporting non-compliant actions by others.

2. PURPOSE

The purpose of this Policy is to:

2.1 ensure CMRI maintains the highest standards of ethical behaviour and integrity;

2.2 define who can make a protected disclosure (Whistleblowers);

- 2.3 define matters about which a protected disclosure can be made (Reportable Conduct);
- 2.4 identify who can receive a protected disclosure (Eligible Recipients);
- 2.5 encourage the reporting of matters that may cause harm to individuals, or financial or non-financial loss to CMRI, or damage CMRI's reputation;
- 2.6 establish a process for CMRI to deal with reports from Whistleblowers;
- 2.7 ensure CMRI protects the identity (including the disclosure of information that could lead to the identity) of a Whistleblower;
- 2.8 provide for the secure storage of the information provided by Whistleblowers under CMRI's processes through our third party service provide YourCall; and
- 2.9 protect Whistleblowers against detrimental conduct.

3. WHISTLEBLOWERS AND PROTECTIONS

3A WHAT IS A WHISTLEBLOWER?

- 3.1 A Whistleblower is a person who;
 - 3.1.1 wishes to make, attempts to make, or makes a report of Reportable Conduct in accordance with this Policy; and
 - 3.1.1.1 is, or has been, an associate of CMRI, including a CMRI Board Member, Director, officer, employee, student, contractor, supplier, tenderer or other person, paid or unpaid, who has business dealings with CMRI; or
 - 3.1.1.2 is a relative or dependent of a person listed in 3.1.1.1.

3B WHAT PROTECTIONS ARE AFFORDED TO WHISTLEBLOWERS BY CMRI?

- 3.2 A Whistleblower is not required to disclose their identity to receive Whistleblower protections under this Policy, but must make a report of Reportable Conduct in accordance with this Policy.
- 3.3 Subject to certain legal requirements, the identity of a Whistleblower, including information that is likely to lead to identification of the Whistleblower, must not occur without the consent of the Whistleblower.

- 3.4 Where anonymity has been requested, the Whistleblower is also required to maintain confidentiality regarding the issue on their own account and to refrain from discussing the matter with any unauthorised persons.
- 3.5 CMRI will ensure that if a Whistleblower makes concerns about Reportable Conduct known, the Whistleblower will not suffer any Detriment on account of those actions, providing that those actions:
 - 3.5.1 are based on reasonable grounds; and
 - 3.5.2 conform to the designated procedures outlined in this Policy.
- 3.6 Detriment includes dismissal, demotion, harassment, discrimination, disciplinary action, bias, threats or other unfavourable treatment connected with making a report.

4. WHAT IS REPORTABLE CONDUCT?

- 4.1 Reportable Conduct is:
 - 4.1.1 conduct which is dishonest, fraudulent or corrupt, including financial fraud or bribery;
 - 4.1.2 illegal activity including but not limited to theft, drug sale or use, violence, harassment or intimidation, criminal damage to property or other breaches of state or federal law;
 - 4.1.3 official misconduct or maladministration;
 - 4.1.4 unethical conduct or conduct in breach of CMRI's policies, including but not limited to dishonestly altering company records or data, adopting questionable accounting practices or wilfully breaching other policies including, but not limited to, the Code of Conduct and the Australian Code for the Responsible Conduct of Research or procedures;
 - 4.1.5 conduct that could be damaging to CMRI, a CMRI employee or a third party, including but not limited to unsafe work practices, environmental damage, health risks or abuse of CMRI property or resources;
 - 4.1.6 conduct which amounts to an abuse of authority;
 - 4.1.7 conduct which may cause financial loss to CMRI, damage its reputation or be otherwise detrimental to CMRI's interests;

4.1.8 conduct which involves harassment, discrimination, bullying or victimisation;
or

4.1.9 conduct which involves any other kind of serious impropriety, including but not limited to serious and substantial waste of public resources, practices endangering the health or safety of employees, stakeholders or the general public, practices endangering the environment and research misconduct.

4.2 Reportable Conduct does not include personal work-related grievances. Personal work-related grievances include, but are not limited to interpersonal conflicts between the Whistleblower and another employee, or a decision relating to the engagement, transfer or promotion of the Whistleblower.

5. REPORTING

5A TO WHOM CAN A WHISTLEBLOWER REPORT?

5.1 If you become aware, on reasonable grounds, of any issue or behaviour that amounts to Reportable Conduct and you wish to report your concerns, then you must report that concern to an Eligible Recipient.

5.2 An Eligible Recipient is:

5.2.1 A senior manager of CMRI – this includes the Chair, Director, Deputy-Director, Chief Operating Officer, Head of Human Resources;

5.2.2 a member of an audit team conducting an audit of CMRI;

5.2.3 a CMRI Whistleblower Protection Officer (defined at 5.3) with authority to receive protected disclosures;

5.2.4 CMRI's external whistleblower service, Your Call; or

5.2.5 the authorities responsible for the enforcement of the law in the relevant area.

5.3 A Whistleblower Protection Officer (WPO) must be a senior manager of CMRI, designated, authorised and trained by CMRI to receive Whistleblower disclosures.

5.4 CMRI's WPOs' details (including name, title, phone number and email address) must be published on CMRI's intranet.

5B WILL CMRI PROTECT ME IF I DISCLOSE REPORTABLE CONDUCT TO A MEMBER OF PARLIAMENT OR A JOURNALIST?

5.5 Protection will only be offered by CMRI to any Whistleblower who informs a Member of Parliament or journalist of concerns about Reportable Conduct if:

5.5.1 The Whistleblower has previously made a report regarding the matter to ASIC, ACNC or prescribed Commonwealth authority, and:

5.5.1.1 At least 90 days have passed since the report was made; and

5.5.1.2 The Whistleblower does not have reasonable grounds to believe that action is being, or has been taken to address the report; and

5.5.1.3 The Whistleblower has reasonable grounds to believe that making a further report would be in the public interest; or

5.5.1.4 The Whistleblower has reasonable grounds to believe that the information concerns a substantial and imminent danger to the health and safety of a person, persons, or the environment; and

5.5.2 The Whistleblower provides written notification to CMRI that:

5.5.2.1 Includes sufficient information to identify the previously made report;

5.5.2.2 Clearly states that the Whistleblower intends to make a public interest disclosure per clauses 5.4.1.1 or an emergency disclosure per 5.4.1.3; and

5.5.2.3 The information disclosed is no greater than necessary to inform the MP or journalist of the misconduct or the otherwise improper state of affairs.

5C WILL CMRI PROTECT ME IF I DISCLOSE REPORTABLE CONDUCT ON SOCIAL MEDIA OR TO SOMEONE OTHER THAN AN ELIGIBLE PERSON?

5.6 No, to be protected by CMRI, a Whistleblower must make any reports of Reportable Conduct to an Eligible Person in accordance with this Policy.

5D HOW SHOULD A REPORT BE MADE?

5.7 Where possible a report of Reportable Conduct should be in writing and should contain, as appropriate, details of:

- 5.7.1 the nature of the alleged breach;
- 5.7.2 the person or persons responsible for the breach;
- 5.7.3 the facts on which the Whistleblower's belief that a breach has occurred are based; and
- 5.7.4 the nature and whereabouts of any further evidence that would substantiate the Whistleblower's allegations, if known.

5E WHAT OTHER INFORMATION SHOULD A WHISTLEBLOWER RECEIVE?

5.8 Any Whistleblower who makes a report of Reportable Conduct in accordance with this Policy must be informed that:

- 5.8.1 CMRI will take all reasonable steps to ensure that the Whistleblower will not be disadvantaged for the act of making such a report;
- 5.8.2 the Whistleblower can remain anonymous and still receive protection; and
- 5.8.3 the Whistleblower will not necessarily be absolved from the consequences of their involvement in any misconduct complained of.

6. INVESTIGATION OF REPORTABLE CONDUCT

6.1 CMRI must investigate all matters reported under this Policy.

6.2 The WPO may only dismiss the Whistleblower's complaint, if, on reasonable grounds, the WPO has a high degree of confidence there is no substance to the complaint. Otherwise the WPO must, with the Whistleblower's consent, on receiving a report of a breach:

- 6.2.1 notify the Director;
- 6.2.2 if the Director is implicated in the disclosure, notify the Chair of the Board;
or
- 6.2.3 if the Chair of the Board is implicated in the disclosure, then the WPO has the authority to move directly to 6.3.4;
- 6.2.4 appoint an independent, external expert to investigate the reported breach (the Investigator);
- 6.2.5 ensure the Terms of Reference provided to the independent, external expert include
 - 6.2.5.1 all relevant questions;

- 6.2.5.2 that the scale of the investigation is in proportion to the seriousness of the allegation(s);
 - 6.2.5.3 allocation of sufficient resources;
 - 6.2.5.4 a requirement that confidentiality of all parties, including witnesses, is maintained;
 - 6.2.5.5 a requirement that procedural fairness be applied to all parties;
 - 6.2.5.6 a requirement that strict security is maintained during the investigative process;
 - 6.2.5.7 a requirement that information obtained is properly secured to prevent unauthorised access;
 - 6.2.5.8 a requirement that all relevant witnesses are interviewed and documents examined;
 - 6.2.5.9 a requirement that contemporaneous notes of all discussions, phone calls and interviews must be made; and
 - 6.2.5.10 a requirement that the Findings comply with clause 7.1 of this Policy;
- 6.3 Where appropriate, provide feedback to the Whistleblower regarding the investigation's progress and/or outcome (subject to considerations of the privacy of those against whom allegations are made).
- 6.4 The investigation must be conducted in an objective and fair manner, and otherwise as is reasonable and appropriate having regard to the nature of the Reportable Conduct and the circumstances.
- 6.5 Where anonymity has been requested, the Whistleblower is required to maintain confidentiality regarding the issue on their own account and to refrain from discussing the matter with any unauthorised persons.

7. FINDINGS

- 7.1 A report of findings must be prepared by the Investigator and provided to the WPO when an investigation is complete. This report must include:
- 7.1.1 the allegations;
 - 7.1.2 a statement of all relevant findings of fact and the evidence relied upon to reach conclusions on each allegation;

- 7.1.3 the basis for each conclusion reached (including the damage caused, if any, and the impact on the organisation and other affected parties) and their basis;
- 7.1.4 recommendations based on those conclusions to address any wrongdoing identified and any other matters arising during the investigation.

Document Control	Version 1
Created	20 th December 2019
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Approved	Catherine Gunn Chief Operating Officer & Company Secretary
This policy must be accessible at all times on CMRI's website and intranet, as well as provided to employees via training and in induction packages.	