This form is used to complete a Statement of Compatibility (SoC) with:

1. the Principles as outlined in the [Freedom of Speech and Academic Freedom Policy](https://policies.uq.edu.au/document/view-current.php?id=76); and
2. the [Human Rights Act 2019 (Qld)](https://www.legislation.qld.gov.au/view/pdf/asmade/act-2019-005).

Please contact: governance@uq.edu.au for assistance completing this form.

## Part A:

### The Statement of Compatibility is being completed for the following item:

|  |  |
| --- | --- |
| **Type** | **Name** |
| [ ]  Policy  |  |
| [ ]  Procedure |  |
| [ ]  Policy and Procedure  |  |
| [ ]  Project Plan |  |
| [ ]  Special Event / Activity Plan |  |
| [ ]  Other  |  |

### Write a short description of the item that is being assessed for compatibility with the Freedom of Speech and Academic Freedom Policy, and the *Human Rights Act 2019* (Qld).

|  |
| --- |
| *Specify whether the item is new, updated, enhanced, annual, cyclical, etc.* *Write a brief description of scope or context of the item.* |

## Part B:

### Do the Principles as outlined in the [Freedom of Speech and Academic Freedom Policy](https://policies.uq.edu.au/document/view-current.php?id=76) impact on this item?

[ ]  Yes: Go to **Question 4**

[ ]  No: Go to **Question 5**

### Is the item compatible with the Principles as outlined in the [Freedom of Speech and Academic Freedom Policy](https://policies.uq.edu.au/document/view-current.php?id=76)?

[ ]  Yes: Outline briefly below key ways in which compatibility has been achieved
(In what ways did you reflect the Principles in the [Freedom of Speech and Academic Freedom Policy](https://policies.uq.edu.au/document/view-current.php?id=76) in the Policy/Procedure)

[ ]  No: Outline briefly below how the item may not be compatible

|  |
| --- |
| *Insert additional information here.* |

## Part C:

### Could the item limit any of the 23 human rights under the [Human Rights Act 2019](https://www.legislation.qld.gov.au/view/pdf/asmade/act-2019-005)?

[ ]  Yes: Go to **Question 6**

[ ]  No: Provide a brief summary below then go to **Question 8**

|  |
| --- |
| *Provide a brief description of why the item has been assessed as not limiting human rights.* |

### Please specify the human rights that may be impacted by the item.

|  |  |
| --- | --- |
| [ ]  1: Recognition and equality before the law | [ ]  5: Freedom of movement  |
| [ ]  6: Freedom of thought, conscience, religion, and belief | [ ]  7: Freedom of expression  |
| [ ]  8: Peaceful assembly and freedom of association | [ ]  11: Privacy and reputation  |
| [ ]  13: Cultural rights – generally | [ ]  17: Fair hearing  |
| [ ]  14: Cultural rights – Aboriginal and Torres Strait Islander peoples | [ ]  Other, please specify:  |

### Outline how the item may limit human rights under the *Human Rights Act 2019*.

|  |
| --- |
| *Provide detail about how the item may limit human rights, e.g., “The [insert name of item] may limit the [specify each applicable human right] to the extent that UQ is required to…” (select as appropriate):** *Ensure the safety and/or safeguarding of the UQ community*
* *Maintain compliance with a regulatory obligation (specify thematically or through reference to specific statute, law or regulation, code of practice)*
* *Contractual obligation with... [E.g. Licensing; Collaborative/contractor agreements]*
* *Implement an approved strategic direction… under [name of plan/framework]*
* *Implement actions under and approved plan [Name of plan. E.g. UQ Master Plan)*
* *Adhere to UQ [name of Procedure, LSOP, or Professional Standard]*
* *Other, briefly outline*
 |

### Assessment of Compatibility with the *Human Rights Act 2019*:

This item is:

[ ]  Compatible with human rights as it does not raise any human rights issues.

[ ]  Compatible with human rights because it promotes the protection of human rights, and to the extent that it may limit human rights, those limitations are reasonable, necessary and proportionate being consistent with free and democratic society, based on human dignity, equality and freedom.

## Part D:

### Form completed by:

Name:

Position:

Date: