



Annual Certification due March 5, 2021 (please check if applicable)

**Instructions**

Prior to completing this form, please review the Code of Conduct policy and the [Procedure for Conflict of Interest](#) and the [Procedure for Managing the Employment of Related Persons](#).

**PART A** and **PART B** are to be completed by an Employee, Appointee, Volunteer Appointee, or Researcher who may have a Conflict of Interest. Academic Staff Members may also use this form. The completed Parts must be submitted to the appropriate party in accordance with the table below:

A Disclosure Form Completed By	Submit To
Employee, Appointee	SLT
Volunteer Appointee	Volunteer Manager
Academics	Dean
SLT	<a href="mailto:conflictofinterest@ucalgary.ca">conflictofinterest@ucalgary.ca</a>

**PART C** is to be completed by the SLT Member, Volunteer Manager or Dean. The completed form must be retained in the SLT member's office.

The information disclosed in this form is collected in accordance with the Code of Conduct. It will be used for the purposes of assessing, reviewing, and managing actual or potential, real, or perceived Conflicts of Interest of the individual disclosing the information. It will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of your personal information, contact foip@ucalgary.ca.

**PART A – REPORTING A CONFLICT OF INTEREST**

Name:	UCID#:
Title:	Phone:
Department/Unit:	Email:
Date:	Signature:

**Please check the box that applies to your situation:**

There is no conflict of interest to report (**\*No further information is required**)

A Potential Conflict

A Perceived Conflict

A Real Conflict

**\*Only answer the questions below if there is a potential, perceived or real conflict**

1. Describe the circumstances that may be considered a [Conflict of Interest](#) (s.3(c)).

2. If applicable, describe the [Private Benefit](#) that may arise from a Conflict of Interest.

**PART B – REPORTING THE MANAGEMENT AND/OR HIRING OF A RELATED PERSON**

**Please check the box that most appropriately describes your relationship to the employee:**

Spouse     Family Member     Relative     Friend     Other

Name of employee: \_\_\_\_\_.

**\* Check the boxes below to confirm the type of relationship you have with the employee**

**Yes/No**

Is this a [Formal Reporting Relationship](#) (s. 3(e))\*?

Is this a [Functional Reporting Relationship](#) (s. 3(f))\*?

**ACKNOWLEDGEMENT**

I have read the Code of Conduct Policy, the Procedure for Conflict of Interest and the Procedure for Managing the Employment of Related Persons, and I understand the requirement for disclosure. The information I have disclosed in this form is accurate to the best of my knowledge. If, at any time following the signing of the Conflict of Interest Disclosure Form, there occurs any material change to the information I have disclosed in this form regarding the potential, perceived or real Conflict of Interest or the employment of Related Persons, either by way of addition or deletion, I shall immediately file a supplementary Conflict of Interest Disclosure Form with my SLT Member, Volunteer Manager or Dean.

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

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

**PART C – CONFLICT MANAGEMENT PLAN**

\*To be completed by the applicable SLT Member, Volunteer Manager or Dean

**Instructions**

Prior to completing this section, please discuss the options with the Employee, Appointee, Volunteer Appointee, Researcher or Academic Staff Member. If there is no conflict of interest, DO NOT COMPLETE OPTION B. The completed form must be forwarded to the SLT member's office.

It is the responsibility of the SLT Member (Employees/Appointee), Volunteer Manager (Volunteer Appointee) or Dean (Academics) to ensure this plan is reviewed annually.

Please select the appropriate box below and fill out the required information

**Option A**

The situation described above **is not** a Conflict of Interest and **no further action is required**.

**Option B**

The situation described above **is** a Conflict of Interest (Provide details below):

**Describe the Conflict Management Plan to Eliminate the Conflict of Interest**

**Employee/Appointee/Volunteer  
Appointee/Academic  
Staff:**

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

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

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

**SLT Member/Dean/Volunteer Manager:**

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

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

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