



## CONFLICT OF INTEREST FORM DECLARATION EMPLOYEE FORM

Name \_\_\_\_\_

Faculty/Department \_\_\_\_\_

Position \_\_\_\_\_

**TYPE OF DECLARATION (please check one)**

- New Employee Declaration
- Annual Renewal
- Change in Declaration

**Declaration of Conflicts**

Does the University employ a closely associated person (family member, close personal friend) where you may affect an employment relationship (hire, assign work, evaluate performance, promote, supervise)?

- Yes (please describe below)                       No

Name of Person

Position at University

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you engaged in employment relationship with another entity?

- Yes (please describe below)                       No

\_\_\_\_\_

Are you engaged in a teaching or research relationship (teach, member of committee, oversee research, assess the work) with a closely associated person?

- Yes (please describe below)                       No

Name of Person

Interaction at University

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, do you or a closely associated person have a personal interest in any entity that could be regarded as a conflict of interest with the university?

Yes (please describe below)

No

Name of Person

Your Involvement (e.g. Board Member, Advisor, Director)

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To the best of your knowledge, do you or a closely associated person engage in any other activity or have personal interest that could be regarded as a conflict of interest for you in your role with the University?

Yes (please describe below)

No

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### Undertaking Regarding Conflict of Interest

I have read the First Nations University of Canada *Conflict of Interest Policy* and understand that declaration is given in accordance of that policy.

I will provide my supervisor with reasonable advance notice in writing:

- Before I accept an appointment with the board of directors of any entity;
- Before I engage in outside employment or consulting activities outside of the University;

I declare that that the information contained this Conflict of Interest is true and correct to the best of my knowledge.

I will update the information in this declaration if/when circumstances change.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### University Review and Action

Supervisor \_\_\_\_\_  
(President, VP, Associate Dean, Out-of-Scope Director)

Date \_\_\_\_\_

Action Taken (if Action is required)

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