



## CONFLICT OF INTEREST FORM

I \_\_\_\_\_ declare that I have read and understand the Conflict of Interest Policy and declare the following:

I declare that I am a Director on the following Boards:

I declare that I am a Shareholder or have an invested interest in the following entities:

I declare that I am an employee of the following entities:

I declare that the following FNUniv employees, executive officers or Board Member are immediate family members as defined in (circle the applicable terms and conditions that govern the employment relationship):

FNUniv/ CUPE Local 5791 Collective Agreement

FNUniv/ URFA Administrative, Professional and Technical (APT) Collective Agreement

FNUniv / URFA Academic Staff Member Collective Agreement

FNUniv/ URFA Sessional Academic Staff Member Collective Agreement

First Nations University Out of Scope Employees Handbook

\_\_\_\_\_  
**Signature**

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