**CONFLICT OF INTEREST DISCLOSURE FORM**

**PART 1**

|  |  |
| --- | --- |
| **Name** |  |
| **Position Applied for** |  |
| **Department** |  |
| **Phone Number** |  |
| **E-Mail** |  |
| **Hiring Manager’s Name** |  |
| **Manager’s Position** |  |
| **Manager’s Phone** |  |
| **Manager’s E-Mail** |  |
| **Potential Conflict of Interest Area(s):** *Explanation / Comments must be completed below for all checked areas.* | * **Outside Activities/Undertakings**
* **Confidential Information**
* **Gifts, Hospitality, or Other Benefits**
* **Preferential Treatment**
* **Workplace Relationships**
* **Other** *(Explain)*
 |
| **Request for Cultural consideration ☐ Yes ☐ No** |
| **Additional Information if applicable:** |

1. In addition to my potential employment with the College, I am engaged as an employee, consultant, volunteer, or otherwise, for a competitor, a supplier, or a customer of goods or services to Fleming College.

|  |
| --- |
| *Name(s) of the Person(s) and/or Organization(s) Involved & Nature of Relationship* |
|  |
| *Details of the Actual, Perceived, or Potential Personal Benefit (Direct or Indirect, Financial and/or Otherwise)* |
|  |
| *Proposed Mitigation Measures* |

|  |
| --- |
|  |
| *Additional Information* |
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1. I directly or indirectly have a personal or financial interest or a business relationship with an outside person, agent, competitor, business, contractor, or supplier that deals directly or indirectly with Fleming College, that are potentially in conflict with the best interests of Fleming College.

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| *Name(s) of the Person(s) and/or Organization(s) Involved & Nature of Relationship* |
|  |
| *Details of the Actual, Perceived, or Potential Personal Benefit (Direct or Indirect, Financial and/or Otherwise)* |
|  |
| *Proposed Mitigation Measures* |
|  |
| *Additional Information* |
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1. I have a family relationship or a close personal relationship with someone to whom I am in a position to provide or appear to provide preferential treatment.

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| --- |
| *Name(s) of the Person(s) and/or Organization(s) Involved & Nature of Relationship* |
|  |
| *Details of the Actual, Perceived, or Potential Personal Benefit (Direct or Indirect, Financial and/or Otherwise)* |
|  |
| *Proposed Mitigation Measures* |
|  |
| *Additional Information* |
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1. Other situation(s).

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| --- |
| *Explain/describe the situation* |
|  |
| *Name(s) of the Person(s) and/or Organization(s) Involved & Nature of Relationship* |
|  |
| *Details of the Actual, Perceived, or Potential Personal Benefit (Direct or Indirect, Financial and/or Otherwise)* |
|  |
| *Proposed Mitigation Measures* |
|  |
| *Additional Information* |
|  |

This disclosure is made in accordance with the requirements of the Conflict of Interest Policy #3-344. I acknowledge that this disclosure does not relieve me of the obligation of making further disclosures of facts or circumstances which may be a Conflict of Interest, of which I become aware of after this date.

This disclosure is made on the day of 20 .

Name Signature

**PART 2**

**HIRING MANAGER’S ASSESSMENT OF CONFLICT OF INTEREST DECLARATION**

In my assessment of the information provided above, is there a Conflict of Interest? Why or why not?

|  |  |
| --- | --- |
| * **Yes**
 | * **No**
 |
| **Rationale:** |
|  |

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| --- |
| **If “Yes”:** |
| If Cultural consideration requested, outcome(s)? |
|  |
| Can the mitigation or resolution measures the potential employee has suggested be implemented without adverse outcomes (e.g. unfairness to other employees, significant work involved in monitoring, etc.)? |
|  |
| Would the mitigation or resolution measures the potential employee has suggested be effective? |
|  |
| Additional step(s), if any, required or proposed to mitigate and monitor the Conflict? |
|  |

Manager’s Name Signature Date

*Completed form is sent to the VP, OEHR who initiates the COI Committee. No offer of employment may be made to the individual until a formal response is issued.*

**PART 3**

**CONFLICT OF INTEREST COMMITTEE RESPONSE**

|  |  |
| --- | --- |
| **Committee Members** |  |
| **Date** |  |

|  |  |
| --- | --- |
|  | **No action is required**A review of the matter disclosed has satisfied the Committee that there is no Actual, Perceived, or Potential Conflict of Interest as defined in the *Conflict of Interest Policy* 3-344. |
|  | **Approval with limitations**A review of the matter disclosed has indicated that there is an Actual, Perceived, or Potential Conflict of Interest as defined in the *Conflict of Interest Policy* #3-344.However, the discloser may be offered employment subject to the following limitations and conditions: |
|  |
|  | **No Approval**A review of the matter disclosed has indicated that there is an Actual, Perceived, or Potential Conflict of Interest as defined in the *Conflict of Interest Policy* 3-344 that cannot be resolved by the imposition of limitations and conditions. Reasons for the refusal are below. |
|  |
|  | **Appeal Process**You may appeal this decision within ten days of receiving this form by providing written notice to appeal to the President if:1. There is evidence of procedural unfairness and/or bias in consideration of the declaration; or
2. There is new information or extenuating circumstances not available or known at the time of the consideration of the declaration.
 |

On behalf of the Conflict of Interest Committee:

Name Signature Date

**Distribution:** Discloser

Manager