



## CONFLICT OF INTEREST DISCLOSURE FORM

### Employee Information

Last Name:		First Name:	
Phone No:		Title:	
LPA Email:			

### Supervisor Information

Name:		Title:	
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### Conflict of Interest Detail:

Please provide specific details regarding the facts or circumstances, which may be an actual, potential or perceived conflict of interest. If additional space is required, please attach a separate page.

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This disclosure is made in accordance with the requirements of the Conflict of Interest policy. I acknowledge that this disclosure does not relieve me of the obligations of making further disclosures of facts or circumstances, which may be a conflict of interest, of which I become aware after this date.

Signature:		Date:	
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To be completed by the Senior Management Team (SMT)/Supervisor

The following actions shall be taken to address the conflict of interest as disclosed above.

- No conflict of interest found, no further action is required
- A review of the disclosed matter has satisfied me that there is no actual, potential or perceived conflict of interest
- Conflict of interest confirmed. A review of the disclosed matter has indicated that there is an actual, potential or perceived conflict of interest

Actions taken:

Date Employee advised of decision:

Supervisor/SMT Signature:

Date: