GENERAL DISCLOSURE FORM
CONFLICT OF INTEREST AND EXTERNAL PROFESSIONAL ACTIVITIES

To be completed by all faculty members and Librarians governed by the Collective Agreement and provided to the chair/director (or dean in the case of non-departmentalized faculties). This form must be submitted biennially by February 1st.

Personal information:

a) Name ___________________________;

b) Department ____________________________;

c) Date of last Disclosure (if any) ____________________________;

d) Name and position of chair, dean, or VP that form will be submitted to.

Name: ____________________________ Position: ____________________________.

1. External Professional Activities (Conflict of Commitment, Section 60)

a) Have you engaged in external professional activities which taken together involved a commitment of time in excess of a half working day per week over the past year?

Yes ☐ No ☐

b) If you answered “Yes” to a), provide a description of the nature and scope of these activities (no reference to remuneration is required).

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2. Conflict of Interest (Section 61)

a) □ Since my last Disclosure, no circumstances have changed that would give rise to a conflict or potential conflict of interest in my current activities or those upcoming over the next year.

b) □ Since my last Disclosure, situations have arisen that might place me in a conflict of interest with respect to my current activities or those which I expect to be engaged in over the next year.

c) □ I did not file a Disclosure last year. Reason:
   □ New Hire  □ Other

DISCLOSURE OF CONFLICTS OF INTEREST

1. I am or may be in a situation of conflict of interest or potential conflict of interest that affects or may affect (check all that apply):

   a) □ my participation in a recommendation or decision or the process leading to any recommendation or decision to which the Collective Agreement applies;

   b) □ my participation in matters pertaining to the financial or property interests of the University;

   c) □ my use of a confidential information obtained in my employment that is personal information of other employees or that was intended to remain confidential;

   d) □ my participation in a research activity or the submission of application for research funding;

   e) □ my participation in an entity controlled by the University; or

   f) □ other

2. Please attach a detailed description of the nature of any potential conflict of interest that was indicated above involving you and/or an immediate family member (spouse, partner, child or sibling). For more information about what constitutes a conflict of interest please contact Pamela Richards at directorfacultyrelations@uvic.ca

I certify that the information contained in this Disclosure is true and correct to the best of my knowledge.

I acknowledge that if any matter arises that gives rise to a conflict of interest prior to the time of filing my next Disclosure, I will promptly notify the next level of authority of the matter, in writing.

______________________________  ______________________________
Signature  Date