

OFFICE OF RESEARCH SERVICES

## **UPDATE FOR RESEARCH PURPOSES**

GENERAL DISCLOSURE FORM
CONFLICT OF INTEREST AND EXTERNAL PROFESSIONAL ACTIVITIES

To be <u>completed prior to the commencement of any new research project</u> 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 in addition to the biennial disclose application submitted February 1st of each year.

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.				
	Na	me: Position:			
1.	Ext	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 $\Box$ No $\Box$			
	b)	If you answered "Yes" to a), provide a description of the nature and scope of these activities (no reference to remuneration is required).			

a) 🗆	•	mstances have changed that would interest in my current activities or	_		
	upcoming over the next year.				
b) 🗆	of interest with respect to my cur	ns have arisen that might place me rrent activities or those which I exp			
c) 🗆	engaged in over the next year.	r Daggani			
c) 🗆	I did not file a Disclosure last year  New Hire	Other			
	- New Tille	Other			
DISCLOSURE OF CONFLICTS OF INTEREST					
	<ol> <li>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):</li> </ol>				
a) 🗆		lation or decision or the process le which the Framework Agreement a			
b) □		ining to the financial or property in	• • •		
c) 🗆	•	cion obtained in my employment the apployees or that was intended to re			
d) □	my participation in a research act research funding;	tivity or the submission of applicat	ion for		
e) 🗆	my participation in an entity cont	trolled by the University; or			
f) □	other				
·					
<ol> <li>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 <u>directorfacultyrelations@uvic.ca</u></li> </ol>					
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			
Chair/Director	r Signature	Date			
	re				
VPAC Signatuu	ro	Date			

2. Conflict of Interest (Section 61)