#### Sample Disclosure Form for Conflict of Interest

*\* Please note that the below form may be amended for contractor’ use if applicable.*

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| CONFLICT OF INTEREST DISCLOSURE FORM |
| An employee has a “conflict of interest” when the employee exercises a power or performs a duty or function and at the same time knows or ought reasonably to have known that in the exercise of the power or performance of the duty or function there is an opportunity to benefit the employee’s private interests.  Private interests are defined in the FAL Schedule – Avoiding and Mitigating Conflicts of Interests and include the interests of closely associated persons or entities.  An employee has an apparent conflict of interest if a reasonably well-informed person would perceive that the employee’s ability to exercise a power or perform a duty or function of their office or position must be affected by the employee’s private interests.  All employees are required to declare any actual, potential or apparent conflicts of interest to the First Nation. Conflicts of interest could arise from “personal interests” which include:  *The individuals spouse*  *A person under the age of eighteen (18) years in respect of whom the individual or the individual’s spouse is a parent or acting in a parental capacity;*  *A person in respect of whom the individual or the individual’s spouse is acting as guardian;*  *A person, other than an employee, who is financially dependent upon the individual or the individual’s spouse or on whom the individual is financially dependent; and*  *An entity in which the individual or the individual in combination with any other person described in this section has a controlling interest.*  *Close family or personal relationships with employees in a position to influence the affairs of the First Nation, or otherwise engaged in the affairs of the First Nation*  *Close relationships with individuals having an interest in information, competitive, intellectual or other interests of the First Nation* |
| Declaration: I disclose the following actual, potential or apparent conflicts of interest: |
| Employee name (print): |
| Employee signature: |
| Title: |
| Date: |