

CONFIDENTIAL
MEMORIAL UNIVERSITY OF NEWFOUNDLAND
CONFLICT OF INTEREST DISCLOSURE FORM

PART I

Name: _____ Campus Phone #: _____
 Title: _____ Email Address: _____
 Unit: _____ Date: _____

The University's [Conflict of Interest Policy and Procedures](#) should be read prior to completing this form. The form is intended for those persons who are disclosing their own conflict of interest, whether real, perceived or potential, for situations other than those involving research on human subjects. Where the conflict relates to research involving human subjects, disclosure must be made to the applicable Research Ethics Board (see Section 2 of the [PROCEDURE FOR DISCLOSING AND ASSESSING CONFLICT OF INTEREST](#)). The Research Ethics Board will make a decision and copy the Office of Research Services and the University's Conflict of Interest Committee or the Marine Institute's Sub-Committee as appropriate.

| Indicate the real, perceived or potential conflict of interest situation(s) you wish to disclose: | YES |
|---|-----|
| Interest in a Research, Business, Contract or Transaction | |
| Influencing Purchase of Equipment/Materials or Services | |
| Acceptance of Gifts, Benefits or Financial Favours | |
| Use of Information | |
| Use of Students, University Personnel, Resources or Assets | |
| Involvement in Personnel Decisions | |
| Academic Program Decisions Affecting Students | |
| Evaluation of Student's Academic Work | |
| Involvement in Compliance Decisions Affecting Students | |
| Advancing of Outside Interests for Personal Gain | |
| Undertaking of Outside Activity | |
| Political Activity | |
| Conflict of Commitment | |
| Other (please specify): | |

CONFLICT OF INTEREST DISCLOSURE

Describe the Relationship: (Attach pages if necessary)

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**Describe the Real, Perceived or Potential Conflict of Interest Situation(s):
 (Attach pages if necessary)**

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If insufficient details are submitted, the Committee/Sub-Committee may request additional information.

The completed form and any additional pages must be submitted to your Unit Head, Vice-President, President or Chair of Board of Regents, as appropriate (please refer to Definitions Section of the Conflict of Interest Policy).

I have read the Conflict of Interest Policy and Procedures and the above information and I understand the requirement for disclosure. The details are accurate to the best of my knowledge. If, at any time following the signing of this Conflict of Interest Disclosure Form, there occurs any material change to the information given herein regarding conflict of interest, either by way of addition or deletion, I shall immediately file a supplementary Disclosure Form with my Unit Head, Associate Vice-President, Vice-President, President or the Chair of Board of Regents, as appropriate.

Member's Name (please print)

Member's Signature

Date

PART II

RECOMMENDATION OF UNIT HEAD, ASSOCIATE VICE-PRESIDENT, VICE-PRESIDENT, PRESIDENT OR CHAIR OF BOARD OF REGENTS

This section must be completed by the Unit Head or appropriate senior officer (Associate Vice-President/Vice-President/President/Chair of Board of Regents).

Name

Title

I _____ have considered the particulars of the situation described in
(name)

PART I of the Conflict of Interest Disclosure Form and am making the following recommendations:

- I. That a (*real, perceived or potential*) conflict of interest exists: Yes No
- II. That the conflict of interest (*real, perceived or potential*) should be:
Allowed Disallowed
- III. That if the conflict of interest (*real, perceived or potential*) is allowed, the following conditions shall apply in order to manage the situation appropriately:

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Signature of Unit Head/Associate Vice-President/
Vice-President/President/Chair of the Board of Regents

Date

To Submit

Forward the completed form with required signatures, and any additional pages marked "Confidential" to the Chair of Memorial University's Conflict of Interest Committee (conflictofinterest@mun.ca) or the Chair of the Marine Institute's Sub-Committee, as appropriate.

Dr. Dennis Peters, Chair, Conflict of Interest Committee, Memorial University
Dr. Angie Clarke, Chair, Conflict of Interest Sub-Committee, Marine Institute

NOTICE: The personal information collected on this form is collected for the purpose of assessing a potential conflict of interest in accordance with the Conflict of Interest Policy and Procedures. The information will be used by the Unit Head/Associate Vice-President/Vice-President/President/Chair of the Board of Regents (as appropriate) and the Conflict of Interest Committee and will not be disclosed to a third party, except as authorized by the *Access to Information and Protection of Privacy Act* and/or as required by law. Questions about the collection and use of the personal information may be directed to the policy sponsor, General Counsel, generalcounsel@mun.ca or by telephone 864-6481.