

Confidential
Newfoundland and Labrador English School District
Conflict of Interest Disclosure Form

Name: _____ Division: _____

Title: _____ Date: _____

NLESD's Conflict of Interest Policy and the Government of Newfoundland and Labrador's *Conflict of Interest Act* should be read prior to completing this form. This form is intended for those who are disclosing their own conflict of interest, whether real or perceived.

Please select the Conflict of Interest that you wish to disclose:	v
Use of information for own or other gain (directive #5)	
Personal business Interest in sale of supplies, equipment or services (directive #6)	
Promotion of curriculum related materials or services (directive #7)	
Current or potential vendors owned by family members or prior business partners (directive #8)	
Involvement in personnel decisions (hiring/recruitment/remuneration) (directive #9)	
Supervision of a family member (directive #10)	
Acceptance of gifts, benefits or financial favours (directive #11)	
Use of board property including facilities and or/materials (directive #12)	
Tutoring of NLESD K-12 students (directive #13)	
Other (Please Specify)	

Please describe the real or perceived conflict of interest relationship(s) or situation(s) you wish to disclose: (Attach pages if necessary)

I have read the Conflict of Interest Policy, Conflict of Interest Act and the above information and I understand the requirements for disclosure. The details above are to the best of my knowledge. If any material changes occur from the signing of this Disclosure Form I shall immediately file a supplementary form as appropriate.

Name: _____ Date: _____

Signature: _____

**Newfoundland and Labrador English School District
Conflict of Interest Recommendation and Approvals**

After considering the particulars with respect to the conflict of interest situation as described by _____ on _____, the following has been determined:
(Employee name) (Declaration date)

1. That a conflict of interest, real or perceived, exists: Yes No
2. That the conflict of interest, real or perceived, should be: Allowed Disallowed
3. That if the conflict of interest, real or perceived, is allowed, the following conditions shall apply in order to ensure the situation is managed appropriately:

Name and title of Director of Division

Signature of Director

Date

Approved on behalf of the Executive Team of the NLESD

Name and title of Assistant/Associate Director of Division

Signature of Assistant/Associate Director

Date

Please forward completed disclosure and recommendation forms to Assistant Director of Education (Human Resources), as appropriate.