Conflict of Interest Declaration – PART A

Any information you provide in this form will be received in confidence on the understanding that, subject only to any applicable law (including the *Freedom of Information and Protection of Privacy Act (BC))* or court order, the information will remain confidential and will only be available to those who are responsible for its review and management in the administration of the Code of Conduct.

Please type or print clearly.

Name:

Position:

Location:

I hereby declare that:

		Yes	No
1.	I have a Private Interest directly or through a Related Person	☐	☐
2.	I am a director or officer of a private or public company or other organization	☐	☐
3.	I have a Private Interest or Outside Activities that compete with or may be in conflict with any of my functions or duties for or on behalf of School District No. 43 (Coquitlam) or that could affect or be affected by the deliberations, decisions, interests, and/or business of School District No.43 (Coquitlam).	☐	☐
4.	I am in a potential, perceived or real conflict of interest position	☐	☐

I confirm I have a continuing obligation to disclose any changes to the answers to the above questions during the term of my appointment/employment with School District No.43 (Coquitlam).

Name: Signature:

_____ _____

Date: Telephone:

_____ _____

If you checked "Yes" for any of the statements in Part A of this Declaration, please complete Part B of this Declaration.

Conflict of Interest Declaration – PART B

This section must be completed if you checked "Yes" for any statement in Part A of this Declaration. Please provide details below for the reasons you checked "Yes".

Where applicable, please include the following information of each interest:

- Type of Private Interest or conflict of interest (e.g. financial, personal and/or private affiliation, relationship or involvement etc.).
- Particulars of the Private Interest or that of a Related Person (e.g. legal name and address of business, position held, name and position of Related Person), or conflict of interest.
- All material details.
- (Optional) Any recommendations for dealing with the potential, perceived or real conflict of interest.

I HEREBY CONFIRM THAT THIS IS A COMPLETE DISCLOSURE OF ALL CONFLICTS OF INTEREST CONCERNING PROVATE INTERESTS OR THAT OF A RELATED PERSON RELATED TO MY POSITION WITH SCHOOL DISTRICT NO.43 COQUITLAM.

_____ _____

Signature Date

_____ _____

Name and title of individual receiving disclosure Date

_____

Signature of individual receiving disclosure