

CONFLICT OF INTEREST STATEMENT

A Board member must disclose any potential conflict of interest at each meeting by completing the Declaration of Conflict of Interest Form.

A conflict of interest arises when a personal interest conflicts, might conflict, or may be perceived to conflict with the interests of the Health Unit or Board of Health.

- Actual or real, where official duties are or will be influenced by private interests.
- Perceived or apparent, where official duties appear to be influenced by private interests.
- Foreseeable or potential, where official duties may be influenced in the future by private interests.

Conflicts of Interest may include and are not limited to:

- Director's employment;
- Existing professional or personal associations with the Health Unit;
- Professional associations or relationships with other organizations; and
- Personal associations with other groups or organizations, or family relationships.
- Having a vested interest in an external business that may provide materials or service to the Health Unit.
- Utilizing association equipment, services or materials for an external business.
- Pursuing personal gain over the well-being or needs of people supported.

I have read and understood the above statement and agree to comply with these conflict of interest requirements.

 Name

 Date

 Witness

 Date