

**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.

<b>Please select the Conflict of Interest that you wish to disclose:</b>	<b>√</b>
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)

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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: \_\_\_\_\_

**Please submit this declaration form to your immediate supervisor,  
for forwarding to the appropriate divisional director.**

**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:

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Name and title of Director of Division

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Signature of Director

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Date

Approved on behalf of the Executive Team of the NLESD

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Name and title of Assistant/Associate Director of Division

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Signature of Assistant/Associate Director

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Date

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