# **CONFLICT OF INTEREST DISCLOSURE FORM (MITACS)**

Dalhousie University Policy on Conflict of Interest ([click here](file:///C:\Users\ayoad\AppData\Local\Microsoft\Windows\ConflictInterestPolicy.pdf)) should be read prior to completing this form. The disclosures made herein are in line with the Disclosure Procedures in section 5 of the Policy. Conflict of Interest shall be resolved within a framework and with a procedure which attempt to ensure that the best interest of the university and its capacity to fulfil its mission are protected.

Name: Email Address:

Title: Title of Project:

Department: Date:

**PART I – Disclosure of Conflict of Interest (completed by the declarant)**

Please describe the Financial or Personal Interest(s): (Attach additional pages if necessary)

Please describe in detail the Conflict of Interest Situation(s): Attach additional pages if necessary

**PART II - Mitigation measures (completed in discussion with the respective unit head)**

Please describe in detail proposed mitigation measures of the above Conflict of Interest including Management of Payments: Attach additional pages if necessary

I have read Dalhousie University Conflict of Interest Policy and I understand the requirement for disclosure. I confirm that the details provided above are true and 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 the conflict of interest, either by way of addition or deletion, I shall immediately file a supplementary Disclosure Form with my Chair or Dean.

Declarant Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:

Dean (please print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please direct the completed form (and attachments) through the Assistant Vice-President, Industry Relations to Vice-President, Research and Innovation.