

UFCC FORM

CONFLICT OF INTEREST DECLARATION FORM

Umbrella Family and Child Centres of Hamilton

Employee Name:				
Centre: Position: Supervisors Name:				
		Date of Declaration:		
		Declare topic where conflict of interest could arise:		
0	Providing care to a child with whom they have or have had a personal relationship, both with the child and/or with the child's family			
0	Having a vested interest in an external business, which may provide materials or services to the organization			
0	Operating a consultation service or business in the same field of employment			
0	Having involvement in activities outside of the organization which interferes with an employee's ability to devote the time and attention to effectively carry out their job responsibilities at Umbrella Family			
0	Having involvement in activities outside of the organization that adversely reflect on the reputation of Umbrella Family			
0	Accepting services or materials, such as gifts, from a family or from business individuals as a result of the employer's job or position, or making use of a position with Umbrella Family to solicit services, client or materials for personal gain			
0	Accepting or offering fees, awards, and/or grants for opportunities to participate in a public forum or in media that arise from knowledge gained from employment and that result in personal benefit			
0	An employee's beliefs impacting their ability to carry out the organization's mission, vision and/or values			
0	Other:			

Please explain the details of the conflict of interest:	
FOLLOWING TO BE FILLED IN BY SUPERVISOR:	
Date Received:	
Is further follow up required:	
NO YES	
Additional details (If yes):	
Supervisor Signature:	
Date:	
Program Manager Signature:	
riogram Manager Signature.	
Date:	
Staff Member Signature:	
Date:	
Dutc.	