

## CONFLICT OF INTEREST STATEMENT

I have read and understand the College **Conflict of Interest and Disclosure Policy**. There are no present real or potential conflicts of interest other than those listed below. I have and will continue to observe the Conflict of Interest and Disclosure Policy carefully.

### Disclosure

Indicate NONE if applicable, otherwise please give full explanation of the conflict or potential conflict.

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If this space is insufficient then please use a separate sheet to show all conflicting financial interests.

Name (Print)	<b>Signature</b>	Date
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Witness Name (Print)	<b>Signature as Witness</b> Chairperson of Council or Principal	Date
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### Instructions for completing the form

*The form needs to be completed in the person's own handwriting* and witnessed by the Chairperson of Council or the Accounting Officer (the Principal of the College).

By completing the form, an employee is not exempted from the statutory requirements of obtaining approval for performing remunerative work outside the public service.