



**CODE OF CONDUCT
SELF-DISCLOSURE FORM**

Your personal information is being collected under the authority of subsection 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for the purpose of declaring your Conflict of Interest(s). It may be used and disclosed to other College departments and employees for this purpose, or for a use consistent with this purpose. If you have a question about the collection, use, disclosure or protection of your personal information, please contact Medicine Hat College's FOIP Coordinator, at foip@mhc.ab.ca

EMPLOYEE INSTRUCTIONS

1. This form is to be used when a real or apparent conflict of interest may exist as per the Code of Conduct Policy and Procedures.
2. Complete the sections that apply to your situation. This could involve one or all of Sections A, B, or C.

SECTION A: Concurrent Employment or Appointments, must be assessed by the supervisor. If there is a real or apparent conflict of interest, the supervisor must consult with the Director, Human Resources and an assessment will be completed.

SECTION B: Conflict of Interest, and **SECTION C, Gifts and Other Payments**, will be assessed by your supervisor in accordance with the Code of Conduct Policy.

3. Sign employee acknowledgement.

PERSONAL INFORMATION

Employee Name (print): _____ Date: _____

Supervisor Name (print): _____ Department: _____

SECTION A: CONCURRENT EMPLOYMENT or APPOINTMENTS

What is the nature of the concurrent employment you are disclosing and in what way could there be a real or apparent conflict? Please list the employer's name, nature of the employment, and the dates for which this disclosed activity is occurring.

What is the nature of the concurrent appointment you are disclosing and in what way could there be a real or apparent conflict? Please list the appointing body's name and the dates for which this disclosed appointment is occurring.

Supervisor Signature: _____ Date: _____

SECTION B: CONFLICT OF INTEREST

With the exception of your college compensation, will you, an organization, a member of your immediate family, or persons with whom you have a personal or business relationship receive or anticipate receiving a benefit from the college over which you exercise influence? If yes, please describe below:

Supervisor Assessment

Select one: No, a conflict does not exist Yes, a conflict does exist (see comments)

Supervisor Signature: _____ Date: _____

SECTION C: GIFTS AND OTHER PAYMENTS

Will you receive **fees, gifts, or other benefits** from a third party for your participation in a public function and/or work related college business? (e.g. flights, gift for presenting, etc.) If yes, list the date, name of the public function, and the total value that you will be receiving.

Supervisor Assessment

Supervisor Signature: _____ Date: _____

If required, Human Resources authorization

Human Resources Signature: _____ Date: _____

EMPLOYEE ACKNOWLEDGEMENT

I _____
FIRST NAME LAST NAME

1. have read the Medicine Hat College Code of Conduct Policy (link) [Medicine Hat College Code Of Conduct Policy.pdf](#)
2. declare that the information contained in this Self-Disclosure Form is true and correct to the best of my knowledge, information, and belief.
3. understand that disclosure normally occurs before the activity which could give rise to a real or apparent Conflict of Interest.
4. will not engage in the activity until such time as the conflict considerations are assessed and resolved.
5. have indicated that I am presently involved in activities which could give rise to a real or apparent Conflict of Interest. I understand that I may continue the activity until such time as the conflict considerations are assessed and resolved, unless I am directed by my supervisor to cease the activity immediately. I understand that the direction to cease the activity will stand until such time as the conflict considerations are assessed and resolved.
6. will promptly submit a revised Self-Disclosure Form if at any time circumstances warrant a different response to any of the questions that follow.
7. understand that the personal information requested on this form is protected under the Alberta Freedom of Information and Protection of Privacy Act for the purposes of determining possible Conflicts of Interest. I hereby consent to the use of the information provided by the college for this purpose.
8. understand that I will be consulted if certain public disclosure of information is deemed appropriate in managing a real or apparent conflict. I understand that consent for any such public disclosure will be addressed at that time.
9. understand that Human Resources retains the right to contact my supervisor if required to determine a conflict of interest.
10. have read all of the above statements and understand that violations of the Code of Conduct Policy will be treated as a serious matter and that breach of policy will subject me to disciplinary action up to and including termination of my employment or association with the college, and/or legal sanctions.