

Information Sheet

How to complete the Conflict of Interest Declaration for Disclosure of Information

Please read this information sheet before you complete the declaration form. This Information Sheet will assist you in completing the *Conflict of Interest Declaration for Disclosure of Information*.

What to declare?

Each individual is responsible for the declaration of his/her interests, and the interests of their spouse/partner, and/or dependent child. When completing Question 1, you are only required to indicate the company name, and the type of interest, such as stocks, shares, or bonds etc. In order to maintain privacy, do not identify the individual who owns the interest, nor the financial amounts.

Changing circumstances of affiliations and interests

If there is a change in the circumstances reported on the Affiliations and Interest Declaration Form during your Project you must promptly report such changes to the Secretariat.

How will the information in my declaration be used?

Health Canada will review your completed declaration form with a view to ensuring that there is no conflict of interest with respect to the information requested for the purpose of carrying out the proposed project related to the protection or promotion of human health or the safety of the public.

Protection of personal information

Once completed, your personal information in the *Conflict of Interest Declaration for Disclosure of Information* is protected in accordance with the *Privacy Act*.

Before you mail your completed declaration

Before you send this application form to the Secretariat, please make sure that you have completed, signed and dated your declaration.

Conflict of Interest Declaration for Disclosure of Information

To be completed by individuals requesting disclosure of information for the purposes of a project that relates to the protection or promotion of human health or safety of the public.

| SECTION A - PERSONAL INFORMATION | | | |
|---|------------|---------------------------------|--|
| Prefix Mr. Mrs. Ms. Miss | First Name | Last Name | |
| Home Address (No., Street, Apt., P.O. Box, R.R) | | | |
| City | | Prov./Territory | |
| Postal Code | | Country | |
| Mailing Address <input type="checkbox"/> Same as above Or (No., Street, Apt., P.O. Box, R.R) | | | |
| City | | Prov./Territory | |
| Postal Code | | Country | |
| Daytime Phone Number () | | Evening Phone Number () | |
| Preferred language for receiving future communications: French <input type="checkbox"/> or English <input type="checkbox"/> | | | |

SECTION B – INFORMATION ABOUT YOUR AFFILIATIONS AND INTERESTS

Direct Financial Interests

Q 1) Do you, your spouse/partner, and/or dependent minor child have any **direct financial interests** with the regulated industry that are of relevance to the subject of the information request including current employment, investments in companies, partnerships, equity, royalties, joint ventures, trusts, real property, stocks, shares, or bonds?

- ☐ Yes
☐ No

If yes, please list the company name, and the type of interest. In order to maintain privacy, household members do not need to be identified.

Response:

Indirect financial interests

Q 2) Within the past five years, have you received from the regulated industry **payment for work done or being done, or financial support**, of relevance to the subject of the information request? Include past employment, contracts or consulting, research support, personal education grants, contributions, fellowships, sponsorships, and honoraria for teaching, speaking, or writing engagements.

Note: if you are currently employed by the regulated industry and have declared this under Q1), do not include any of the above from your present employer.

- ☐ Yes
☐ No

If yes, please list the approximate value. When was the work performed? What was your role? Who provided the support? When did the support cease?

Response:

SECTION B – INFORMATION ABOUT YOUR AFFILIATIONS AND INTERESTS

Q 3) Within the past five years, have you received **materials, discounted products, gifts, or other benefits**, or attended conferences or meetings where all or part of the **travel and accommodation costs** were provided by the regulated industry, of relevance to the subject of the information request.

Note: if you are currently employed by the regulated industry and have declared this under Q1), do not include any of the above from your present employer.

- ☐ Yes
- ☐ No

If yes, please provide the dates and details, including who provided the support and the approximate value.

Response:

Q 4) Within the past three years, have any of the organizations where you are currently employed or where you participate in internal decision making (that is, as a board member, or as an executive or non-executive director) **received grants or other funding from the regulated industry**, of relevance to the subject of the information request?

- ☐ Yes
- ☐ No

If yes, please provide the dates and details, including who provided the support, and the amounts.

Response:

SECTION B – INFORMATION ABOUT YOUR AFFILIATIONS AND INTERESTS

Intellectual interests

Q 5) Within the past five years, have you provided any **formal advice or opinion** to industry, a Canadian federal, provincial, or municipal government, a foreign government, or a non-government organization, on a matter of relevance to the subject of the information request? Include expert testimony or acting as witness (full or part time), participation on an advisory body, etc.

☐ Yes

☐ No

If yes, please provide the dates and details and note if you volunteered your services or were paid.

Response:

Q 6) Have you ever made **public a statement (including speeches, lobbying, etc.) or publicly stated a point of view** (including in scientific papers, articles, journals, or other publications or on Web sites) on issues of relevance to the subject of the information request?

☐ Yes

☐ No

If yes, please list by date, title, and publication

Response:

SECTION B – INFORMATION ABOUT YOUR AFFILIATIONS AND INTERESTS

Q 7) Do you currently have **any professional or volunteer affiliations** (such as membership of professional/scientific societies, trade associations, lobbying, public interest or advocacy groups, etc.) who may have an interest in the subject of the information request?

- ☐ Yes
☐ No

If yes, please describe.

Response:

Other affiliations and interests

Q 8) Do you have any other affiliations and interests or potential circumstances that might give a well-informed member of the public reasonable apprehension or grounds for concern that access to the information for which you have requested disclosure could place you in a conflict of interest?

- ☐ Yes
☐ No

If yes, please describe.

Response:

SECTION C - YOUR DECLARATION

I _____ **name** have reviewed my affiliations and interests as they relate to the matters itemized in this disclosure form, and I hereby certify that I have disclosed all relevant information. Except as otherwise disclosed in this form, I declare that I have no additional relevant affiliations and interests to report.

I understand that it is my responsibility to report to the Secretariat any material change in circumstances in my affiliations and interests as soon as it is known to me.

| | | |
|--|------------------|--------------------------|
| Name of individual requesting disclosure of information | Signature | Date YY / MM / DD |
|--|------------------|--------------------------|

Please return your
completed form to:

Health Products and Food Branch
250 Lanark Avenue, Room 452
Ottawa, ON K1A 0K9

| FOR OFFICE USE ONLY | | |
|---|---|------------------|
| Direct Financial Interest <input type="checkbox"/> YES <input type="checkbox"/> NO | <div style="text-align: center;"> <p>x</p> <hr/> <p>Signature:</p> </div> <div style="text-align: center;"> <p>Date: / /</p> <p>YY MM DD</p> </div> | Comments: |