



Our Mission To provide quality services which enhance the lives of people with disabilities.

### Disclosure of Conflict of Interest

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Quest Support Services policy ER-05 – Conflict of Interest should be read prior to completing this form.

In order for Quest Support Services and its employees to create a plan of action to mitigate or eliminate any potential conflicts, this form must be utilized when an employee is disclosing their own conflict of interest, whether real, perceived or potential.

Describe the conflict of interest, whether real, perceived, or potential below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only:

Date Received: \_\_\_\_\_

Director of Employee Resource Centre Signature: \_\_\_\_\_

The Director of the Employee Resource Centre will follow the procedure outlined in policy. Approved measures to mitigate or eliminate the conflict of interest will be documented. A meeting will occur with the employee to discuss the measures and ensure meeting minutes completed.

Review Month: \_\_\_\_\_

Review Date Year 2: \_\_\_\_\_

Review Date Year 3: \_\_\_\_\_

Review Date Year 4: \_\_\_\_\_

**New forms to be completed – Year 5**