

Conflict of Interest Declaration Form

Schedule B



Interactions between university researchers and the private sector are an essential feature of the National Centres of Excellence Program (“NCE Program”). For the objectives of the NCE Program to be achieved many kinds of interactions among the individuals participating in the Technology Evaluation in the Elderly Network (Canadian Frailty Network or CFN) must occur. These interactions may lead to gains and benefits to the individuals participating in CFN and are desirable and natural outcomes of being involved in CFN. Such interactions, however, may place individuals participating in CFN in a position of potential, apparent or actual conflict of interest.

Last Name First Name

Street Address

City	<input type="text"/>	Province	<input type="text"/>	Postal Code	<input type="text"/>
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Affiliation with Canadian Frailty Network (*please select one*):

Director Officer Employee Contractor Volunteer Reviewer
CFN Committee Member Committee Name _____
Other _____

Please review the following definitions used in this form. The definitions come from CFN’s Conflict of Interest Policy, a copy of which is attached.

“Conflict of Interest” means a situation where, to the detriment or potential detriment of CFN, an individual participating in CFN is, or may be, in a position to use research knowledge, authority or influence for personal or family gain (financial or other) or to benefit others.

“Disclosure” means the act of notifying in writing the Canadian Frailty Network Board of Directors, through the CFN Executive Director, of any direct or indirect financial interests and positions of influence held by an individual participating in CFN which could lead to a potential, apparent or actual Conflict of Interest.

DECLARATION

I, the undersigned, *(print full name)*

- (a) hereby declare and make Disclosure of the following actual or potential Conflict(s) of Interest which may arise in the conduct of my duties and responsibilities on behalf of CFN (attach additional sheet if required).

OR

- (b) am not aware of any actual or potential Conflict(s) of Interest with respect to my involvement with CFN.

(initial)

I have read and understand the Canadian Frailty Network Conflict of Interest Policy and will adhere to the Policy during my affiliation with CFN. Specifically, if any circumstances change and/or come to my attention regarding any actual or potential Conflict of Interest, I will make Disclosure to CFN immediately.

Signature

Date

Please return this form to:
Canadian Frailty Network
Kidd House
100 Stuart Street
Kingston, ON K7L 3N6
ExecutiveDirector@cfn-nce.ca

