



**CONFLICT OF INTEREST DECLARATION**

**APPLICABLE TO ALL WRHA REPRESENTATIVES**

Having reviewed both the WRHA Conflict of Interest and Industry Relationship policies;

I declare that I have no situations or associations that would place me in a potential, perceived or real Conflict of Interest, including but not limited to having a financial ownership interest, a fiduciary role in, or receiving payments from industry in any form (payments can include, but are not limited to, consulting fees, honoraria or royalties). In keeping with Section 3.3 of the Conflict of Interest Policy, I undertake to make full written disclosure to my immediate supervisor of any potential, perceived or real Conflict of Interest should they arise in the future.

**OR**

I may be in a situation or association which places me in a potential, perceived or real Conflict of Interest. The details are as follows *(if more space is required, please attach Appendix)*.


\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I am a WRHA Representative (check all applicable boxes) in the following category:**

- Employee (Job Title)
- Board Member
- Seconded
- Medical Staff
- Other (please specify)

**I am a member of the following group (check all applicable boxes):**

- Clinical Staff (please specify)
  - o Nursing Staff
  - o Medical Staff
  - o Professional/Technical Staff
  - o Other (please specify)
- Management Staff
- Administrative/Support Staff
- Other (please specify)

**RETURN INSTRUCTIONS:**

**For All New Hires:** WRHA Representatives other than Medical Staff shall provide his/her completed forms to HRSS (Human Resources Shared Services) as part of his/her new hire employment package. For Medical Staff, please contact the Medical Staff Administrative Services @ 204-926-7142.

**For Revisions/Changes to COI Status:** WRHA Representatives other than Medical Staff, shall provide his/her completed forms to his/her immediate supervisor, who will forward to the responsible Director, Human Resources Services and to the attention of the Regional Director, Supply Chain if the circumstances suggest a potential impact on decisions related to the acquisition of goods and services. Human Resources to scan and send any revised COI forms to HRSS. For Medical Staff, please contact the Medical Staff Administrative Services @ 204-926-7142.

**Annual Declaration Return Instructions:**

Board Members and the WRHA CEO shall submit their annual declarations to the Chair of the WRHA Board with a copy to General Counsel.

Senior Management, contracting and procurement staff and the Regional Director, Supply Chain shall submit their annual declarations to the VP & CHRO.

Chair of the WRHA Board shall submit his/her annual declaration to the Minister of Health with a copy to General Counsel.

**Reminder to:** Human Resources Directors, Regional Director – Supply Chain and Medical Staff Administrative Services:  
Please complete the COI Tracking Form located at: <http://home.wrha.mb.ca/hr/forms.php>.