

## Conflict of Interest Declaration Form Council Election Candidates

This form must be submitted with written platforms by **May 25, 2018 at 5:00pm.**

All Council members are expected to act impartially in carrying out their responsibilities. As a candidate to the Council of the College of Midwives of Ontario (the College), you are required to disclose your interests which conflict, could conflict or may reasonably be seen to conflict with your responsibilities as a member on the College's Council.

Pursuant to the College's General By-law (s. 8.02), a member of Council would be perceived to have a conflict of interest if a reasonable person, knowing the relevant facts, would believe that the Council member's position or relationship with another organization, or the Council member's personal interests, whether financial or otherwise, would be sufficient to influence the objective discharge of the Council member's official duties.

Name of Candidate: \_\_\_\_\_

### Candidate Declaration

I have no conflicts of interest to declare at this time.

I have interests to declare which may actually, potentially or be perceived to conflict with my responsibilities as a Council member. If you are not sure, please explain. Attach additional sheets if you need more space:

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I, \_\_\_\_\_, declare that the information provided on this Form is a complete and accurate statement of any actual, potential or reasonably perceived conflict(s) of interest affecting me as a candidate for the College's Council of which I am aware at this time.

Candidate's Signature: \_\_\_\_\_

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