

# Board Member Code of Conduct Disclosure Form

## Purpose & Instructions

The Board Member Code of Conduct Disclosure Form is designed for use in specific situations:

- a) It serves as an initial acknowledgment by new Board members, confirming their understanding and acceptance of the responsibilities detailed in the College Code of Conduct policy upon their appointment.
- b) The form is also used for an annual attestation, allowing members to affirm their ongoing adherence to the College Code of Conduct each year.
- c) Additionally, it provides a mechanism for members to declare any Conflict of Interest that may arise at any point during their service on the Board.

Prior to completing this form, please review the following policies and procedures:

1. [Code of Conduct Policy](#)
2. [Conflict of Interest Board Procedure](#)
3. [Related Party Disclosure Board Procedure](#)

NorQuest College (college) expects all members of the college community to engage in ethical behavior in all aspects of college related activities. All Board Members are expected to share in preserving and enhancing the college's image and reputation. The college is committed to high standards of conduct. The Code of Conduct Policy establishes expectations and conditions for appropriate conduct of our day-to-day work activities and relationships.

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act*. It will be used to confirm that the Board member understands and agrees to comply with the Code of Conduct Policy, Conflict of Interest Procedure and Related Party Disclosure Procedure. For information about the collection and use of this information please contact the Vice President, People, Culture & Equity, 10215-108 Street, Edmonton, AB, T5J 1L6 Telephone 780.913.8511.

The designated single point of contact for oversight of this process for the Board is the Board Coordinator with approvals made by the Chair of the Board (Board Chair) or Chair of the Governance Committee (Governance Committee Chair).

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**Select this box if this is an annual attestation.**

### SECTION A: BOARD MEMBER INFORMATION

Name

Date

Constituency

- Public
- Student
- Academic
- Non-Academic
- President & CEO

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**Please check all that apply\*:**

- 1. I have no conflict of interest to report.
- 2. I have a real, potential or apparent conflict to report.

\*If option 1 is chosen, please move to **section D** below. If option 2 is chosen, please complete sections B, C and D below.

### SECTION B: DETAILS OF THE CONFLICT OF INTEREST

**\*Complete only if option 2 is checked above.**

Select which scenario applies to your disclosure:

- Tangible gift exceeding the permitted value
- Event invitation exceeding the permitted value
- Appointment or secondary activity
- Other real, potential or apparent conflict

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**Describe the circumstances that may be considered a conflict of interest below.**

### SECTION C: CONFLICT MANAGEMENT PLAN

Any approvals or plans to manage conflicts of interest are documented and placed in the board member's file and reviewed annually as part of the Code of Conduct annual attestation process.

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**Describe the conflict management plan (or recommend reasons supporting why no real or apparent conflict of interest exists):**

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### SECTION D: ACKNOWLEDGEMENT

**Please acknowledge and sign even if no conflict is reported.**

*By signing below, I attest that I have read the Code of Conduct Policy, the Conflict of Interest Procedure and the Related Party Disclosure Procedure and understand the requirements for disclosure as a Board member. The information I have disclosed in this form is accurate to the best of my knowledge. If, at any time following the signing of the Code of Conduct Disclosure Form, there occurs any material change to the information I have disclosed in this form regarding the real, potential or perceived conflict, either by way of addition or deletion, I shall immediately file a supplementary Code of Conduct Disclosure Form.*

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Name

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Signature

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Date

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**Please submit this completed form to the Board Coordinator for processing and Chair/Governance Chair approvals.**

### SECTION E: FOR OFFICE COMPLETION ONLY

#### BOARD COORDINATOR RECEIPT

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Name

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Title

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Signature

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Date

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Notes and/or attachments

#### BOARD CHAIR OR (IN THE CASE OF THE BOARD CHAIR) GOVERNANCE COMMITTEE CHAIR APPROVAL

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Name

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Title

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Signature

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Date

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