

Conflict of Interest Declaration Form

Program Name: proAction

proAction Personnel: _____

Instructions: In accordance with the [proAction Conflict of Interest Policy](#), this form is intended to help identify any potential conflicts of interest that could arise during registration activities as part of the proAction program. Please answer the following questions honestly and to the best of your knowledge. If you answer "yes" to any question, provide additional details in the space provided.

1. Do you, or any immediate family member, have a financial interest in the farm being validated or assessed?

Yes No

If "Yes," please provide details:

2. Have you had any prior professional or personal relationship with the farm owner, farm personnel or other proAction staff?

Yes No

If "Yes," please provide details:

3. Are you, or any immediate family member, employed by the farm being audited, a Provincial Dairy Marketing Board or Dairy Farmers of Canada?

Yes No

If "Yes," please provide details:

4. Do you have any other relationship with the farm owner, farm personnel or staff from Provincial Dairy Marketing Boards or Dairy Farmers of Canada that might affect your impartiality?

Yes No

If "Yes," please provide details:

5. Are you aware of any other circumstances that could give rise to a conflict of interest?

Yes No

If "Yes," please provide details:

Declaration: I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that it is my responsibility to immediately inform the Dairy Farmers of Canada if any conflicts of interest arise during the course of my involvement in the proAction program.

Review and Acknowledgment: By signing this form, I acknowledge that I have reviewed and understood the contents of this form before signing it.

Acknowledgment of Policies: I further acknowledge that I have read and understood any relevant policies or guidelines related to conflicts of interest within the proAction program.

Contact Information: If you have any questions or need further assistance, please contact Cheryl Schroeder at cheryl.schroeder@dfc-plc.ca.

Privacy Note: The information provided in this form will be kept confidential and used solely for the purpose of assessing potential conflicts of interest within the proAction program.

Participant's Signature: _____

Date: _____

Participant's Name (print): _____