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Affiliations and Interests Declaration

Science Advisory Committee on Pest Control Products

How to complete the Affiliations and Interests Declaration Form

Please read these instructions before you complete the Affiliations and Interests Declaration Form, below.

What do I declare?

Each candidate is responsible for declaring his or her interests, as well as the interests of his or her spouse/partner and dependent minor child/children.

When completing Question 1, please indicate only the company name and the type of interest, such as stocks, shares, bonds, and so on. To maintain privacy, do not identify the individual who owns the interest, nor the financial amounts.

What will I do if my circumstances of affiliations and interests change?

If there is a change in your circumstances as reported on the Affiliations and Interests Declaration form during your service as a committee member, you must promptly report the changes to the Secretariat and the Chair of the advisory body.

It is administrative practice to ask you to review the form for accuracy once a year.

How will the information in my declaration be used?

Before an appointment: Health Canada will review your completed declaration form during the membership selection process to ensure that the committee membership comprises a diversity of perspectives and that the advice it provides will be credible.

After an appointment: Before every meeting, the Chair and Executive Secretary will review each member's declarations in light of the various items on the agenda. Based on this review, they will decide, if necessary, to limit a member's participation in all or part of the meeting agenda. They will inform the member of this decision.

As well, upon receipt of the meeting agenda, members are expected to review their own affiliations and interests against agenda items and advise the Chair and Secretariat if they see a potential cause for concern regarding the integrity and objectivity of their participation.



How will my personal information be protected?

Once completed, your personal information in the Affiliations and Interests Declaration form is protected in accordance with the [Privacy Act](#).

What information about me will be made public?

As a condition of appointment, advisory body members agree to allow Health Canada to publish on its website a short biography and summary of their affiliations and interests. Health Canada will prepare a summary of your affiliations and interests and ask you to review the content for accuracy before it is published.

The summary will be made public unless the mandate or membership of an advisory body must be kept confidential.

At the beginning of each meeting, the Chair or the Executive Secretary may also ask members to make a verbal statement of their relevant affiliations and interests.

Before you submit (scan/email or fax) your completed declaration:

Before you send this declaration form to the Secretariat, please make sure that you have completed, signed, and dated it.

For more information, refer to the [Health Canada Policy on External Advisory Bodies](#).



Affiliations and Interests Declaration Form

To be completed by a candidate being considered for appointment to the Science Advisory Committee on Pest Control Products or by a member whose circumstances have changed.

Prefix	First Name	Last Name

Section A – Information About Your Affiliations And Interests

Direct financial interests

Question 1

Do you, your spouse/partner, or dependent minor child have any **direct financial interests** that are of relevance to the mandate of the advisory body, including current employment, investments in companies, partnerships, equity, royalties, joint ventures, trusts, real property, stocks, shares, or bonds?

Yes

No

If yes, please list the company name and the type of interest. To maintain privacy, household members do not need to be identified.

Response:

Empty response box for listing company names and types of interest.





Indirect financial interests

Question 2 (a)

Within the past five years, have you or your spouse/partner received **payment for work done or being done, or financial support**, from a party that has an interest in the mandate of the advisory body? Include past employment, contracts or consulting, research support, personal education grants, contributions, fellowships, sponsorships, and honoraria for teaching, speaking, or writing engagements.

Note: if you declared a current employer under Q1, you do not need to include information about this employer here.

Yes

No

If yes, please list the approximate value. When was the work performed? What was your role (including principal investigator in clinical trials)? Who provided the support? When did the support cease?

Response:

[Empty response area for Question 2 (a)]

Question 2 (b)

Within the past five years, have you or your spouse/partner received **materials, discounted products, gifts, or other benefits**, or attended conferences or meetings where all or part of the **travel and accommodation costs** were provided by a party that has an interest in the mandate of the advisory body?

Note: if you declared a current employer under Q1, you do not need to include information about this employer here.

Yes

No





If yes, please provide the dates and details, including who provided the support and the approximate value.

Response:

Question 2 (c)

Within the past five years, have any of the organizations where you or your spouse/partner are currently employed or where you or your spouse/partner participate in internal decision making (that is, as a board member or as an executive or non-executive director) **received grants or other funding** from a party that has an interest in the mandate of the advisory body?

Yes

No

If yes, please provide the dates and details, including who provided the support, and the amounts.

Response:



Intellectual interests
<p>Question 3 (a)</p> <p>Within the past five years, have you provided any formal advice or opinion to industry; a Canadian federal, provincial, or municipal government; a foreign government; or a non- government organization on a matter of relevance to the mandate of the advisory body? Include expert testimony or acting as witness (full or part-time), participation on an advisory body, and so on.</p> <p>Yes</p> <p>No</p> <p>If yes, please provide the dates and details and note if you volunteered your services or were paid.</p> <p>Response:</p>
<p>Question 3 (b)</p> <p>Have you ever made public a statement (speeches, lobbying, and so on) or publicly stated a point of view (including in scientific papers, articles, journals, or other publications, or on websites) on issues of relevance to the advisory body's mandate?</p> <p>Yes</p> <p>No</p>





If yes, please list these statements by date, and include title/subject and publication as applicable.

Response:

Question 3 (c)

Do you currently have **any professional or volunteer affiliations** (such as membership in professional/scientific societies, trade associations, lobbying, public interest, or advocacy groups) that may have an interest in the mandate and work of this advisory body?

Yes

No

If yes, please describe the affiliation(s).

Response:



Other affiliations and interests

Question 4

Do you or your spouse/partner have any other affiliations and interests or potential circumstances that might give a well-informed member of the public reasonable apprehension or grounds for concern regarding the integrity and objectivity of your participation in this advisory body?

Yes

No

If yes, please describe the affiliation(s).

Response:



Section B – Your Declaration

I, _____, have reviewed my affiliations and interests as they relate to the matters itemized in this declaration form.

I certify that I have disclosed all relevant information. Except as I disclosed in this form, I declare that I have no relevant affiliations and interests to report.

I understand that it is my responsibility to report to the Secretariat and the advisory body's Chair any material change in circumstances in my affiliations and interests as soon as it is known to me.

Name of nominee or member

Signature

Date YY / MM / DD

Please return your completed form to:

Science Advisory Committee on Pest Control Products Secretariat

Policy and Operations Directorate
Pest Management Regulatory Agency
Health Canada
2720 Riverside Drive
Ottawa, ON
K1A 0K9
Email: pmra.sacpcp-ccspa.arla@hc-sc.gc.ca

For Office USE Only

Direct Financial Interest	<input checked="" type="checkbox"/>	Comments:
	<input type="checkbox"/>	
YES	_____ Secretariat Signature	
NO	Date: // YY MM DD	

