

## **Declaration of Interest Form 2024/25**

To comply with the regulations, the centre is required to manage conflicts of interest and inform the relevant awarding body/bodies (before the published deadline for entries for each examination series) of:

- any members of centre staff who are taking qualifications at their own centre which include internally assessed components/units
- any members of centre staff who are teaching and preparing members of their family (which includes step-family, foster family and similar close relationships) or close friends and their immediate family (e.g. son/daughter) for qualifications which include internally assessed components/units, and

## maintains clear records of all instances where:

prepared for

- exams office staff have members of their family (which includes step-family, foster family and similar close relationships) or close friends and their immediate family (e.g. son/daughter) being entered for examinations and assessments either at the centre itself or other centres
- centre staff are taking qualifications at their own centre which do not include internally assessed components/units
- centre staff are taking qualifications at other centres

To ensure compliance information in the wh		ticking) any of th	e statements that ap	oply to you and comple	te the required	
Your name		You	Your job title(s)/role(s)			
Subject(s) you teach	(if applicable to your	role)				
to you during the 202	4/25 academic year)			ne required informatio		
Qualification(s) I	warding body Qu	alification type	Specification (Subj	ecification (Subject)		
am taking						
Steps I have taken to	seek an alternative o	centre at which to	take the qualification	on(s)		
relationships) includes an in		their immediate	e family (e.g. son/d	-family, foster family an aughter) for a qualific		
Name of related per	son (the candidate)					
Candidate number			Relationship to	o me		
Qualification(s) being taught and	Awarding body	Qualification ty	pe Specification (	Subject)		

and similar clo		se friends and their ir this centre or anothe		· · · · · · · · · · · · · · · · · · ·				
Name of related person (the candidate)								
Where the candidate is being entered		☐ This centre ☐ Another entering centre (tick box as applies)						
Candidate number (if this centre)			Relationship to me					
Entering centre nam	e (if not this centre)		Entering centre number (if known)					
_	qualification at this cent qualification at another		clude internally assessed compo	onents/units				
Qualification(s) I am taking	Awarding body	Qualification type	Specification (Subject)	Exam series				
Entering centre name	ntering centre name		Entering centre number (if known)					
☐ I have none of the above statements to declare  Date declaration(s) made: Signature to confirm declaration(s):								
The declaration(s) you so record details of the	ı have provided will be ι	used to inform the religate any potential ris	ned to Sarah Clark by 18 Octobe levant awarding body/bodies (v sk to the integrity of the qualific lirectly affect you.	where required) and				
	FOR HEAD (	OF CENTRE/EXAMS O	FFICER USE ONLY					
	Action							
Comp	Completed Declaration form received							
Decla	Declaration(s) recorded on Conflicts of Interest (COI) log							
Awar	Awarding body/bodies informed of specific COI (where applicable)							
Staff	Staff member informed of measures/protocols in place to manage the risk represented by the COI							