



## Conflict of Interest Declaration

### Associate Details

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Qualification Area(s): \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Current Employment

Current Employer(s): \_\_\_\_\_

Job Title(s): \_\_\_\_\_

### Other Professional Roles

List any other organisations where you work as a Tutor, Assessor, IQA or in another education/training role.

\_\_\_\_\_  
\_\_\_\_\_

### Potential Conflicts of Interest

Family, friends or close personal relationships with any Malearn Training learner?

No  Yes

Details: \_\_\_\_\_

Financial or business interests that could influence your role?

No  Yes

Details: \_\_\_\_\_



Employment with another organisation delivering similar qualifications?

No  Yes

Details: \_\_\_\_\_

Any other actual, potential or perceived conflict of interest?

No  Yes

Details: \_\_\_\_\_

### Declaration

I declare that the information provided is true and complete to the best of my knowledge. I will notify Malearn Training immediately if any actual, potential or perceived conflict of interest arises during my engagement.

Associate Signature: \_\_\_\_\_

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

### Office Use Only

Reviewed by: \_\_\_\_\_

Action Required:  None  Monitoring  Restrictions Applied

Comments: \_\_\_\_\_

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

### Annual Review Record

Review Date	Changes Declared	Reviewer Initials