


CR10

	<p><b>CONFLICT OF INTEREST DECLARATION<sup>1</sup></b></p> <p>To be used when there could be a conflict of interest in the centre</p>
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Centre Name:	
Name of Centre Manager:	
Name of employee affected:	
Their role at the centre:	
Name of prospective candidate affected:	
Qualification/course that candidate wishes to attend:	

**Declaration of interests** Please include description of potential conflict of interest including any relationships that might be compromised. See [Conflict of Interest Policy](#) on the CPCAB website for further guidance.

Explain how these conflicts will be managed. Please be aware that if relevant information is not disclosed now, but subsequently becomes apparent, then the integrity of assessments could be invalidated and/or the Annual Practising Certificate withheld.

Signature of Centre Manager:	
I confirm that I am in agreement with the above statements: Candidate (or employee's) signature:	
Date:	

Date reviewed by Qualification Service committee

Conditions agreed, if any

(Office Use Only)

<sup>1</sup> Data will be held in accordance with CPCAB's [Data Protection Policy](#)

