**Centre Declaration of Interests Form**

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| Centre Name | |  | Centre Number | |  | |
| Your Name | |  | Position | |  | |
| **Where a centre identifies any conflict of interest (whether perceived, potential or actual) the centre must notify GA using the form below.**  **NOTE: You MUST read through the GA Conflict of Interest Policy prior to completing this form.** | | | | | | |
| **Declaration** | | | | | | |
| Exams office staff have members of their family (inclusive of step-family, foster family and similar close relationships) or close friends and their immediate family (e.g. friends of son/daughter), being entered for examination or assessment either at the centre itself or other centre | | | | Yes  No | | |
| Any members of centre staff who are teaching and preparing members of their family or close friends and their immediate family, for qualifications which include internally assessed components/units. | | | | Yes  No | | |
| Centre staff are taking qualifications at their centre which do not include internally assessed components/units | | | | Yes  No | | |
| Centre staff are taking GA qualifications at other centres | | | | Yes  No | | |
| Any members of centre staff who are taking qualifications at their own centre which include internally assessed components/units | | | | Yes  No | | |
| Personal interest | | | | Yes  No | | |
| Other  Details: | | | | Yes  No | | |
| To the best of my knowledge, the above information is complete and correct. I undertake to update, as necessary, the information provided, and to review the accuracy of the information as soon as any interests or detail supplied above change. Notification of any changes should be provided to GA’s Compliance Manager for further consideration within 5 days of the changes occurring. I give my consent for the information I supply to be used for the purposes described in the conflicts of interest policy and for no other purpose. | | | | | | |
| Signed |  | | | Date | | DD / MM / YYYY |