# Appendix A

**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 for any of their qualifications 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 stepfamily, 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:
* exams office staff have members of their family (which includes stepfamily, 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 centre which **do not** include internally assessed components/units.

centre staff are taking qualifications at other centres.

To ensure compliance, you must declare (by ticking) any of the statements that apply to you and complete the required information in the white boxes.

|  |  |  |  |
| --- | --- | --- | --- |
| Your name |  | Your job title (s) |  |

|  |
| --- |
| Subject(s) you teach (if applicable to your role) |
|  |

Please tick any statement/statements that applies/apply to you and complete the required information (or will apply to you during the 2024/25 academic year)

I am taking a qualification(s) at this centre which includes an internally assessed component/unit

|  |  |  |  |
| --- | --- | --- | --- |
| Qualifications I am taking | Awarding Body | Qualification Type | Specification (Subject) |
|  |  |  |  |

|  |
| --- |
| Steps I have taken to seek an alternative centre at which to take the qualification(s) |
|  |

* I am teaching and preparing a member of my family (which includes stepfamily, foster family, and similar close relationships) or close friends and their immediate family (e.g., son/daughter) for a qualification(s) which includes an internally assessed component/unit.

(Where more than one related person, please complete a separate form)

|  |  |
| --- | --- |
| Name of related person (the candidate) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate number** |  | **Relationship to me** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification(s) being taught and prepared for | Awarding Body | Qualification Type | Specification (Subject) |
|  |  |  |  |

* I am a member of exams office staff and have a member of my family (which includes stepfamily, foster family, and similar close relationships) or close friends and their immediate family (e.g., son/daughter) being entered for examinations and assessments at this centre or another centre

(Where more than one related person, please complete a separate form)

|  |  |
| --- | --- |
| 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 name (if not this centre) |  |
| Entering centre number (if known) |  |

* I am taking a qualification at this centre which does not include internally assessed components/units
* I am taking a qualification at another centre

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualifications I am taking | Awarding Body | Qualification Type | Specification (Subject) | Exam Series |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Entering 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):

This completed form (including date and signature) must be returned to the Exams Office and Curriculum Lead as soon as you are aware that any of the above statements relate to you.

The declaration(s) you have provided will be used to inform the relevant awarding body/bodies (where required) and to record details of the measures taken to mitigate any potential risk to the integrity of the qualifications affected. You will be informed if/where any measures or protocols put in place directly affect you

**All records are subject to inspection by the JCQ/awarding body on request and will be retained until the deadline for reviews of marking has passed or until any appeal, malpractice or other results enquiry has been completed, whichever is later (for the relevant exam series).**

**FOR HEAD OF CENTRE/EXAMS OFFICER USE ONLY**

|  |  |
| --- | --- |
| Date | Action |
|  | Completed Declaration form received |
|  | Declaration(s) recorded on Conflict of Interest (COI) log |
|  | Awarding body/bodies informed of specific COI (where applicable) |
|  | Staff member informed of measures/protocols in place to manage the risk represented by the COI |