

SFEDI Conflict of Interest Declaration Form V2.1

A conflict of interest declaration must be completed by all individuals employed or contracted by SFEDI to undertake activities. This declaration must be signed and returned to SFEDI even if there is nothing to disclose. This should be done at the date of appointment and thereafter in January each year.

SFEDI are required to keep up to date records of and manage potential conflict of interest between individuals we involve in the development, assessment, quality assurance and any other roles held by individuals such as the supply of goods and services. This signed declaration is to ensure we have the appropriate measures in place to meet the requirements of our regulators and to manage any risk and it is not intended to be prohibitive to being contracted.

Please refer to SFEDI's	Conflict of Interest Policy	v and Guidance for	further information.

By indicating '√' in the box I confirm I have received the latest copy of SFEDI's Conflict of Interest Policy and Guidance	
Please list any organisations in which you currently have a relationship or have had in the la years. It is also necessary to know of other organisations in which you may have a vested intere • Interest/involvement in other Awarding Organisations, and/or Regulators (e.g.,	
IOEE, Ofqual, CCEA, SQA, QW)	
Name of organisation, your role, level, and date(s) of engagement	
Interest/involvement in Centres/Colleges/Training Providers (to include both SFEDI approved or those approved by other Awarding Organisations)	
Name of Centre, Centre number, your role, level, and involvement	
Details of qualifications you teach (including private tuition):	
Qualification title, qualification level, Awarding Organisation, Centre	

• Interest/involvement in any other consultancy work related to vocational education and training and state your level of engagement/role

Details of th	ne organisation, your role, level, and date(s)	of involvement	
 Persona 	Il conflicts of interest in relation to confid	lentiality of ass	sessment information
-	now a child, sibling, or other close family me e relevant qualification	mber is due to t	ake an assessment in
Details of th	ne learner/potential learner, your relationship	and details of a	assessment, if known
-	ou know a partner or other close family n qualification	nember is teac	hing, or due to teach the
Details of th	ne partner/family member, your relationship,	and details of th	ne teaching, if known
If you have b learners for a exclude deve	nent in preparation of resources een or are currently involved in the preparate assessment of the relevant qualification. Example openent of teaching materials and resource are resource and your role, level, and date(s)	mples might inc	clude a textbook but would
	each box(s), which reflects your role(s) with	SFEDI:	
□ Employe			
	tion or Assessment Development Consultan	t	
□ EQA (Ex	ternal Quality Assurer)		
☐ Providing	g a Shared Service		
☐ Other			
I agree to info as required.	orm SFEDI of any conflicts of interest that ma	y arise and will	submit additional declarations
Name:			
Signature:		Date:	

Contact Details:			
Details:			

Contact Us

If you have any queries about the content of this policy, please contact our customer service department. Please return forms to:

SFEDI Awards, 19 Victoria Road, Darlington, Co Durham, DL1 5SF

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