

CONFLICT OF INTEREST DECLARATION FORM

Footprint School of Business (FSOB)

Section 1: Personal Details

Field	Details
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Full Name

Job Role

Department

Date of Declaration

Line Manager

Section 2: Declaration of Interest

Please indicate the type of conflict (tick all that apply):

- Personal relationship (family, friend, partner)
- Financial interest
- Professional relationship
- Previous involvement with learner
- External employment or business interest
- Other (please specify): _____

Section 3: Details of Conflict

Please provide full details of the actual, potential, or perceived conflict:

- Name(s) of learner(s) or individual(s) involved:

- Nature of relationship or interest:

- Area affected (tick as appropriate):
 - Assessment
 - Internal Quality Assurance (IQA)
 - Recruitment/Admissions

- Certification
- Other: _____

- Description of how the conflict may affect objectivity:

Section 4: Risk Level (To be completed by Quality Lead)

Risk Level Description

Low Minimal risk, easily managed

Medium Some risk requiring controls

High Significant risk requiring strong mitigation

Low Medium High

Section 5: Proposed Mitigation Actions

(To be completed by Quality Lead / Manager)

- Action(s) to be taken:

- Reallocation of duties required: Yes No
- Additional IQA sampling required: Yes No
- Independent review required: Yes No

Section 6: Approval and Sign-off

Role	Name	Signature	Date
Staff Member			
Line Manager			
Quality Lead			

Section 7: Review

Review Date Outcome Reviewer

Section 4: Mitigation Actions

Action	Responsible Person	Deadline	Status
Reassign assessor			
Increase IQA sampling			
Independent review			

Section 5: Residual Risk

Residual Risk Level Low Medium High

- Explanation:

Section 6: Approval

Role	Name	Signature	Date
Quality Lead			
Centre Manager			

Section 7: Review

Review Date Outcome Reviewer