



Academic Division Contractors Conflicts of Interest Declaration Form

May 2019

Version 5



Please use this form to declare any conflicts of interest that you have relating to the project that you will undertake for VTCT. This form supports General Conditions of Recognition – A4, A6, A8, G4.

Full name	
Job role	
Time period for the declaration	<i>For example: EQAs: 2018-2019, and for contracted writers and markers: Winter 2018 series, December 2018 to March 2019</i>

Qualification Suite	
<p>Which qualifications have you been asked to work on? Please list the sector, qualification type and qualification code.</p> <p><i>For example: EQAs - VTCT VRQ Beauty VTCT TLQ – Beauty and complementary therapies BT3D4 and CT3D1 ITEC VRQ - Sport</i></p>	
Which department has allocated work to you?	
Who is the manager, technical lead or project manager that you will report to?	

Declaration	
<p>Are you or have you been contracted to work for another awarding or educational organisation? If so, please give details.</p>	
<p>Are you, or have you been, employed at a school, college or private training provider? This could be as a permanent member of staff or as a contractor. If so, please give the centre name and VTCT centre code (where applicable)</p>	
<p>Which qualifications do you currently teach? Please give details of the qualification title, level and awarding organisation.</p>	



<p>Will your students take an examination set by VTCT? If so, please give details.</p>	
<p>Do you have a child, sibling, partner/spouse, friend or close family member that is due to take an assessment set by VTCT? If so, please give details of their name, centre and the qualification.</p>	
<p>Do you have a partner/spouse or close family member that is teaching, or due to teach, an assessment set by VTCT? If so, please give details of their name, centre and the qualification.</p>	
<p>Are you a private tutor? If so, please give details.</p>	
<p>Are you an IQA for a school, college or private training provider? If so, please give details of the centre and the qualification.</p>	
<p>Please provide details of any other potential conflicts of interests:</p>	

<input type="checkbox"/>	I can confirm that to my knowledge there are no other conflicts of interest that could impact on my role at VTCT.
<input type="checkbox"/>	I will notify VTCT should a potential conflict of interest that I have not already declared become apparent.
<input type="checkbox"/>	I will inform VTCT if I subsequently teach the qualification for which I have developed assessment materials.
<input type="checkbox"/>	I give my consent for my information to be held securely by VTCT for a period of six years; this information is of legitimate interest of the organisation under GDPR legislation.

Signature:	
Date:	



Document History

Version	Issue Date	Changes	Role
v1	01/07/2015	Published	Assessment Administrator
v2	01/03/2018	New Formatting	Product Administrator
v3	14/12/2018	Content reviewed following the September 2018 changes to the general Conditions of Recognition	Assessment Manager
v4	29/01/2019	Minor wording change to IQA question	Assessment Manager
v5	31/05/2019	Updated formatting	Compliance Manager

Document Review

Role	Review Status
Assessment Manager	Reviewed

Document Owner

Document Owner	Document shared with
Head of Quality	Assessment manager

Document Sign-off

Role	Sign-off Date
Executive Director of Awarding	01/03/2018
Assessment Manager	14/12/2018