**To be filled by an Assessor where a potential conflict of interest is identified in relation to a Professional Qualifications assessment.**

**1. Personal Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Contact email** |  |
| **Contact telephone number** |  |

**2. Qualification Details**

|  |  |
| --- | --- |
| **Qualification to be assessed** |  |
| **Date of proposed assessment** (if known) |  |
| **Name of candidate undertaking qualification** |  |

**I wish to declare the following potential conflict of interest in relation to this assessment**

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| --- |
| Please detail the nature of the potential conflict below e.g. “I have a close personal relationship with the candidate, I am the candidate’s line manager, I am the candidate’s coach)”.  |

[ ]  **I confirm that I will not undertake the assessment unless advised by The Institute that it permits me to do so (please tick)**

|  |  |
| --- | --- |
| Signed………………………………………….. | Dated……………………………………………. |

**Please send the completed, signed and dated form to:** S&QTeam@icsmail.co.uk