It is a requirement of the regulatory Conditions of Recognition that ASDAN takes all reasonable steps to avoid any part of the assessment of a Learner being undertaken by any person who has a personal interest in the result of the assessment.

All centres delivering ASDAN qualifications are therefore required to declare circumstances where staff involved in the delivery of ASDAN qualifications have a financial or contractual interest, or have a personal or family interest, in the outcome of assessment, standardisation or internal moderation.

For example, a range of conflicts of interest may exist where:

* An assessor is also an owner of a centre and stands to gain financially from high achievement rates
* An assessor is related to a candidate whose work they are teaching or assessing or internally moderating
* The appraisal and reward of a trainer/assessor with a dual role is dependent on high achievement rates

This form should be completed as soon as a potential or actual conflict of interest has been identified at a registered centre.

Please complete the form as fully as possible and send it with any supporting evidence to [compliance@asdan.org,.uk](mailto:compliance@asdan.org,.uk)

1. **Your contact details**

|  |  |  |
| --- | --- | --- |
| Centre name: | | |
| ASDAN centre number: | | |
| Your name: | | |
| Your role title: | | |
| What is your connection with the centre/staff member? | | |
| Your email address: | | |
| Your phone number: | | |
| Please indicate if you wish to remain anonymous throughout the process: | Yes | No |

1. **Details of the conflict of interest**

If member/s of staff at an ASDAN registered centre are involved in the potential or actual conflict of interest, please complete the following details:

|  |
| --- |
| Person/s name/s: |
| Person/s role/s at the centre: |
| ASDAN qualification/s affected: |

|  |
| --- |
| **Details of the conflict of interest** *– please describe the full nature of the potential or actual conflict of interest, in order to help us to take the appropriate action. Include any actions carried out by the centre or yourself, relating to the issue. Attach any supporting documentation, as necessary.* |

1. **Declaration**

I understand that ASDAN will retain and process electronically the information given in and with this report, and may use it for any purpose deemed relevant to this enquiry.

|  |  |
| --- | --- |
| Signed: | Date: |

**ASDAN sign off** – for ASDAN purposes only.

|  |  |
| --- | --- |
| Status: | |
| Reason: | |
| Actions: | |
| QA manager name and role: | |
| QA manager signature: | Date: |