



## Conflict of Interest Record/Form

**Details of Conflict**

Name of person to whom Conflict of Interest relates: .....

Position: .....

Nature of Conflict (please tick all that are relevant)

- |   |  |
|---|--|
| <input type="checkbox"/> Gift received<br><input type="checkbox"/> Service Provider<br><input type="checkbox"/> Family member of Staff/committee member | <input type="checkbox"/> Hospitality received<br><input type="checkbox"/> Staff<br><input type="checkbox"/> Other (please specify) |
|---|--|

Other: .....

Summary of Conflict of Interest: .....

.....

.....

**Committee Notes:**

Summary of Discussion: .....

.....

.....

Recorded in the minutes of the meeting dated: .....

**Risk Rating:**

High	Medium	Low/none
------	--------	----------

**Action Plan:**

- |   |  |
|---|--|
| <input type="checkbox"/> None required<br><input type="checkbox"/> Immediate corrective action **<br><input type="checkbox"/> To be included in Annual Report | <input type="checkbox"/> Review in agreed timescale*<br><input type="checkbox"/> Family Learning |
|---|--|

\*Review Date: .....

\*\*Summary of Immediate Action taken: .....

.....

.....

.....



Outcome of Review:.....  
.....  
.....  
.....

Signed:.....

Position: .....

Conflict Of Interest Close date:.....

To be retained until (3 years from closed).....