

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 | <input type="checkbox"/> Hospitality received |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Family member of Staff/committee member | <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 | <input type="checkbox"/> Review in agreed timescale* |
| <input type="checkbox"/> Immediate corrective action ** | <input type="checkbox"/> Family Learning |
| <input type="checkbox"/> To be included in Annual Report | |



***Review Date:**

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

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Outcome of Review:.....

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.....

Signed:.....

Position:

Conflict Of Interest Close date:.....

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