

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).....