



## DECLARATION – CONFLICT OF INTEREST FOR TCP EXAMINERS

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I, \_\_\_\_\_ would like to declare the following existing/potential conflict of interest situation (e.g. a direct or indirect financial interest in a decision regarding any attendee; a non-pecuniary interest, such as a family relationship or personal/emotional relationship/antagonism or another affiliation, such as with the employer or association of any attendees).

*NB: It is the responsibility of the TCP to ensure that the facilitator sign the SF122 prior to conducting training.*

*Each training register must be accompanied by the declaration from the facilitator.*

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\_\_\_\_\_  
Name of the Examiner

\_\_\_\_\_  
Name of the authorized person on behalf of the Training Course Provider

\_\_\_\_\_  
Signature Examiner

\_\_\_\_\_  
Signature of the authorized person

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_