



## CONFLICT OF INTEREST REPORTING FORM

### Board Examination Centre Supervision

Instructions: To be completed immediately by the Supervising Examiner upon identifying or receiving notification of a conflict of interest.

#### SECTION 1: EXAMINATION & CENTRE DETAILS

Centre Name / Code:

Date:

Subject / Paper Name:

Session:

#### SECTION 2: INVIGILATOR DETAILS (Subject of Report)

Full Name:

Job Title:

Brief description of role:

#### SECTION 3: NATURE & DURATION OF CONFLICT

Nature of conflict/relationship:

Duration of conflict:

#### SECTION 4: ACTION TAKEN & RESOLUTION

Details of action taken:

#### SECTION 5: DECLARATION & SIGNATURE

I hereby declare that the information provided above is complete, accurate, and documented in good faith.

Supervising Examiner Name:

Date:

Signature: