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 (DD/MM/YY)

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 (DD/MM/YY)

Signature