**Records of Identified Conflict of Interest for BCS Qualifications**

**Completed forms are to be retained by the BCS centre for audit purposes.**

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| --- | --- | --- | --- |
| **Centre name:** |  | **BCS centre number:** |  |
| **Form completed by:** |  | **Date form completed:** |  |

**Teachers / Tutors invigilating:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Teacher | Name of BCS Qualification they are Teaching | Name of BCS Qualification they are Invigilating | Details of the Conflict of Interest | Date of Occurrence |
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**Invigilator observations:**

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| --- | --- | --- | --- |
| Name of Invigilator | Name of Observer | Details of the Conflict of Interest between Invigilator & Observer | Date of Occurrence |
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**Invigilator personally knows the learner they are invigilating:**

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| --- | --- | --- | --- | --- |
| Name of Invigilator | Name & BCS ID of Learner | Details of the Conflict of Interest between Invigilator & Learner | Test & Test Date | Date of Occurrence |
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**Other conflicts of interest to be recorded by the BCS Centre:**

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