

# APPENDIX 1

## DECLARATION OF INTEREST

### NVQ Assessors and Internal Verifiers

Centre Number: \_\_\_\_\_

Centre Name **Fylde Coast BSL Centre**

We, the **Fylde Coast BSL Centre**, understand that if any assessor and/or internal verifier who are family members, partners/husband/wife or close friends and work together in an assessing and internal verifying capacity, we must declare this to **Signature**. I would like to declare the following existing potential conflict of interest situation:

Name(s) of Assessors/Trainee  
Assessor or IVs/ Trainee IV  
where potential conflict exists:

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Reason for potential Conflict of  
Interest:

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Signed by:  
Name (please print name)

Signature:  
Date:

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